



Office of the
Deputy Prime Minister

Creating sustainable communities

*Evaluation of interventions
with arsonists and young
firesetters*



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March 2005

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Contents

	page
Ministerial Foreword	4
Executive Summary	5
Preamble	7
Literature Search	8
Survey of Current Practice	23
Site Visits	30
Critical Review of Interventions	38
Overall Conclusions	40
Recommendations	41
References	43
Appendix I: Outline of Search Procedures	51
Appendix II: List of Organisations Surveyed	52
Appendix III: Survey Questionnaire	53
Appendix IV: List of Organisations Visited	61
Appendix V: Semi-Structured Interview Schedule	62
Appendix VI: Details of Site Visit Interviews	70
Appendix VII: Review of Interventions Against	102

Ministerial Foreword

In common with other types of crime and anti-social behaviour, most arson appears to be committed by a minority of prolific offenders, many of whom are under 18 and also commit other offences.

Most fire and rescue services now include some form of firesetting intervention scheme for children and adolescents in their current work programmes. These schemes are either for young children demonstrating an excessive interest in fire-play or are targeted at older adolescents whose firesetting behaviour is linked to other forms of anti-social behaviour such as vandalism. There are also a small number of youth justice interventions aimed at older adolescents and some prison-based interventions for older offenders.

This report explores the range of intervention schemes run by the fire and rescue service, and also assesses critically those interventions run by other stakeholders. We intend to use this information to produce more detailed “good practice” advice relating to the operation of such schemes, which we will make available later this year.

The fire and rescue service personnel and others involved in this demanding work have shown tremendous commitment but as the report indicates, there is still a great deal more that can be done.

The Forum will therefore be seeking a new focus on the role of youth diversion and intervention work, building on the fine work that is already being carried out. I believe that the Forum has a unique contribution to make in this challenging area and I attach a high priority to it.

Phil Hope
Parliamentary Under Secretary of State
Office of the Deputy Prime Minister



Executive Summary

1. A literature review was undertaken to establish, based on the extant research, good practice in interventions with arsonists and young firesetters.
2. A comprehensive search of the literature, using a range of key words, showed that the majority of research in this area has been conducted with young firesetters, rather than adult arsonists. The review also highlighted that many characteristics of young firesetters and arsonists overlap with characteristics typical of general offender populations.
3. In terms of strategies for intervention, several points were noted from the practice literature, including the lack of large-scale evaluation studies of intervention programmes with both young firesetter and adult arsonist populations. Within the literature that does exist on interventions, two approaches could be distinguished: (i) educational approaches that aim to inform individuals about the dangers of fire; and (ii) psycho-social interventions that seek to change some aspect of the firesetter's behaviour.
4. A national survey of organisations involved in delivering interventions to young firesetters and arsonists was conducted. This survey included Fire and Rescue Services, Probation Areas, Youth Offending Teams (the familiar YOTs has recently changed to Youth Offending Service, YOS; as both terms were used by the practitioners who took part in the interviews they will both be used in this report), Forensic NHS Services (including Special Hospitals and Secure Units), the Home Office Mental Health Unit, the Offending Behaviour Programmes Unit of the Prison Service, the Research, Development and Statistics Directorate of the Home Office, and NACRO. The majority of interventions were provided by Fire and Rescue Services for children and adolescents, often in conjunction with local Youth Offending Teams. Some Forensic NHS Services provided specialist interventions for mentally disordered or learning disabled adult arsonists. However, no provision was indicated by the Prison Service or Probation Areas for offenders serving prison or community sentences.
5. Interviews were conducted with staff from a range of organisations that had previously run, were currently running, or had plans to run interventions with young firesetters and arsonists. Visits were made to two Health Settings, six Fire and Rescue Services, and three Youth Offending Teams.
6. The interventions delivered by these organisations were assessed against the Accreditation Criteria of the Correctional Services Accreditation Panel (CSAP). This assessment revealed that while the interventions represent valuable work with young firesetters and arsonists, there is a lack of adherence to principles of good practice as fully developed elsewhere in the field.

7. A number of recommendations are made for future practice, which are summarised below: -
 - a. If the status quo in service provision is broadly to remain, then consideration could be given to the central provision of assistance at a local level with common concerns such as staff training, provision of teaching materials, organisation of a central forum for practitioners to exchange ideas and knowledge about good practice, and firming up links with partnership agencies.
 - b. If current services are to be developed then consideration may be given to developing two distinct interventions, one as an educational package, the other as a treatment programme.
 - c. If separate interventions are to be developed for educational and treatment purposes, then clear protocols are necessary for each approach, ensuring that the interventions are matched to participant risk and need.
 - d. Given the absence of an accredited programme for arson within the Prison and Probation Service, a partnership arrangement with OBPU in the Home Office might be considered to develop a programme of accredited status. Such a programme might be extended to include provision for arsonists with mental illness and learning disabilities detained in psychiatric settings.
 - e. The development of a new programme should be informed by principles of effective practice, as for example reflected in the CSAP criteria. Interventions should be monitored and evaluated, with respect to both process and outcome.

Preamble

Official statistics from the Office of the Deputy Prime Minister (2003) report that in 2001, the Fire and Rescue Service was called to over 123,000 malicious fires, with Home Office (2002) figures reporting that in 2001/2002 around 52,800 incidents of arson were reported to the police. Of these reported incidents of arson, 8% resulted in either a prosecution or caution, and about 50% involved a juvenile. Fires attributed as arson form the largest group of major fires within the UK (Office of the Deputy Prime Minister, 2003). The cost of arson is also high, in both financial and non-financial terms. For example, in 2000 arson cost England and Wales £2.2 billion, and it is estimated that in an average week arson costs society at least £40 million (Office of the Deputy Prime Minister, 2003). In non-financial terms, figures from the Office of the Deputy Prime Minister (2003) state that since the early 1990s, arson has led to 32,000 injuries and 1,200 deaths, and that in an average week arson leads to 55 injuries and two deaths.

The Arson Control Forum was set up in April 2001, and consists of various public and private agencies involved in initiatives to control arson. It aims to stop the current rise of arson incidents and achieve a 10% decrease by 31st March 2010. To achieve this aim, the Forum is involved in developing and promoting arson prevention initiatives, research, and building further links with other national agencies.

The current report was commissioned by the Arson Control Forum in order to establish good practice in interventions with arsonists and young firesetters, and to match this against practice across England and Wales. Part 1 of the report provides a literature review of the principles of best practice in intervening with arsonists and young firesetters. Part 2 of the report details the results of a survey of provision for arsonists and young firesetters across a variety of organisations in England and Wales, allowing current national provision to be matched onto best practice. Part 3 of the report summarises the results of site visits to eight organisations providing interventions to arsonists and young firesetters, with the final section critically reviewing these interventions in light of the Accreditation Criteria developed by the Correctional Services Accreditation Panel. The report concludes by identifying current examples of good practice and outlining areas where practice requires further development.

1. Literature Search

Search Strategy

Extensive searches of the literature were conducted, using a range of databases and search engines (see Appendix I). While using a wide range of key words in the search, we were mindful of the focus of the review and looked particularly for evaluations of interventions with arsonists and young firesetters (including literature discussing possible evaluative strategies). Contacts were made with eminent researchers in the area of arson and firesetting, and its treatment. Appeals for information were also made on various forensic internet sites.

Interventions with Arsonists and Young Firesetters

Within the literature, the term arson is typically used when referring to a deliberate act of setting fire to property, whereas *firesetting* is used as a wider term that does not necessarily imply intent. Geller (1992) offers a framework around which behaviours can be considered: arson associated with mental disorders; arson associated with medical or neurological disorders; juvenile fire-play or firesetting; and arson not associated with psychobiological factors. Within the latter group, Geller includes arson committed for profit (e.g. fraud, as part of burglary), crime concealment, revenge, vanity or recognition, vandalism, and political arson. However, while this categorisation shows the breadth of arson and firesetting behaviours, it can be argued that strategies for intervening with arsonists and young firesetters need to be informed by knowledge of explanations of arson and firesetting, and an understanding of the motives behind such behaviours. It is then possible to attempt to change these behaviours in a number of ways. Prevention strategies encompass those interventions that aim to identify those individuals at risk of becoming firesetters or arsonists, and provide treatment or education in a preventative framework. In contrast, other interventions are implemented with firesetters and arsonists in order to reduce the likelihood or prevent such behaviours from occurring again.

This literature survey first considers the characteristics of young firesetters and arsonists in order to identify the targets that intervention strategies might seek to change. The issue of assessment is addressed next, in acknowledgment of its importance in appropriately matching the needs of young firesetters and arsonists to specific interventions. Finally, interventions with young firesetters and arsonists are reviewed, along with available evidence as to their effectiveness in reducing firesetting and arson.

Characteristics of Young Firesetters and Arsonists

Research studies have demonstrated that a range of characteristics is associated with firesetting in children (for a review see Kolko, 2001b), including both individual and

family variables. As a phenomenon, firesetting is a problem predominantly associated with boys. This point is illustrated by the findings of a meta-analysis of 22 studies of juvenile firesetting in which 82% young firesetters were male (Kolko, 1985).

A number of studies have reported juvenile firesetting to be associated with other types of externalising behaviour problems, including heightened aggression (Cole, Laurenitis, McAndrews, Matkoski, & Schwartzman, 1983; Gaynor & Hatcher, 1987; Jackson, Glass, & Hope, 1987; Kolko, 1985; Martin, Bergen, Richardson, Roeger, & Allison, 2004; Showers & Pickrell, 1987). A recent study in New Zealand reported by Martin et al. (2004) reported that 43% of juvenile firesetters displayed extreme antisocial behaviour as compared to 3 per cent of non-firesetters. An association between arson and conduct disorder has been reported by a number of authors (Heath, Hardesty, Goldfine, & Walker, 1985; Kelso & Stewart, 1986; Repo & Virkkunen, 1997), although other research examining this relationship has not found this association (Kolko, 1985; Kolko & Kazdin, 1989a, 1989b).

Serious drug use is reported to be prevalent among firesetters, with Martin et al. (2004) finding 57% of young firesetters to be heavy drug users, as compared to 8% for non-offenders. Similarly, two Finnish studies of adolescent firesetters reported a high degree of alcohol dependence, despite the young age of the sample (Repo & Virkkunen, 1997).

A range of psychological factors has been implicated in firesetting. These factors typically include interpersonal skills, such as impulsivity (Siegelman & Folkman, 1971; Block & Block, 1975), poor assertion skills (Rice & Chaplin, 1979; Vreeland & Levin, 1979), and the inability to resolve conflicts in an acceptable manner (Harris & Rice, 1984). Further, Kolko and Kazdin (1988b) claimed that 34.7% of their sample of psychiatric unit inpatients aged 6–13 years participated in firesetting as compared to 19% of clinic outpatients. In recent years, a number of studies have identified a relationship between juvenile firesetting and the increased use of psychiatric services when compared with the general population (Räsänen, Hirvenoja, Hakko, & Vaeisaenen, 1995).

A number of parental and family functioning variables have also been associated with firesetting among children. These family factors include poor child-rearing practices as reported by both children and parents, such as a lack of supervision and lax or inconsistent discipline (Kazdin & Kolko, 1986; Kolko & Kazdin, 1990). Parents reporting higher levels of relationship problems, personal difficulties and stressful life events have also been found among juvenile firesetters (Kolko & Kazdin, 1991). In a survey of 35 male and 12 female firesetters from Glenthorne Youth Treatment Centre, Hollin, Epps, and Swaffer (2002) found evidence of disruption in both the family life and education of the young offenders. Research has also revealed the impact of adverse childhood experiences such as abuse, neglect and maltreatment on later firesetting (Epps & Hollin, 2000; Schwartzman, Stambaugh, & Kimball, 1998). Epps and Hollin found evidence of sexual abuse in 14% of male and 50% of female firesetters at Glenthorne Youth Treatment Centre, and Jayaprakash, Jung, and Panitch (1984) observed a higher incidence of physical abuse in young firesetters than in non-firesetters.

In terms of the domestic instability that appears to be commonly experienced by young firesetters, Ritvo, Shanock, and Lewis (1982) found that significantly more firesetters

were raised without mothers, a rate of 57.1% compared to 18.2% for non-firesetters, with 40% of firesetters previously residing in an orphanage, foster home, or psychiatric facility. In addition to the increased levels of academic underachievement and school disruption typical of young firesetters (Vandersall & Wiener, 1970), Hollin et al. (2002) reported that 63.8% of firesetters surveyed in Glenthorne Youth Treatment Centre had previously been suspended or expelled from an educational establishment, with two-thirds exhibiting behavioural difficulties while at school.

Further studies have compared juvenile firesetters in residential settings with other delinquents who are non-firesetters. In one such study, Sakheim and Osborn (1986) found firesetters to have considerably more problems than non-firesetters with sexual functioning. Firesetters also had a greater number of rage and revenge fantasies, and exhibited higher levels of anger towards their parents, but had both poor social judgment and ability to verbalise their anger. From these findings, Sakheim and Osborn concluded that their sample of firesetters often used their firesetting behaviour as means to obtain power over adults. In a further study, Sakheim, Osborn, and Abrams (1991) classified juvenile firesetters in a residential setting as high-risk and low-risk firesetters. A comparison of these two groups found the high-risk group to have higher levels of anger, impulsivity, and aggressive conduct disorder; they also showed poorer judgement and less guilt than the low risk group, and a greater history of cruelty towards animals. This association with cruelty to animals has also recently been found in a comparison of firesetters and non-firesetters in New Zealand (Martin et al., 2004), with higher rates among the firesetting sample.

Kolko (2001b) argues for the importance of a child's exposure to fire materials and their competence around fire in determining motives and reasons for firesetting behaviour (Cole et al., 1983; Kafry, 1980; Kolko & Kazdin, 1989a, 1989b). Research examining these factors has produced mixed findings, which along with the plethora of individual and family factors found to be associated with firesetting reflects the complexity of the behaviour, motivations, antecedent conditions, and consequences which surround firesetting (Kolko, 2001b). For example, Martin et al. (2004) reported that curious firesetters were more likely to come from dysfunctional families than firesetters who appeared to be motivated for other reasons. They suggest that the lack of supervision within the dysfunctional families may provide children with a greater opportunity to experiment with fire.

While research with young firesetters has shown a range of characteristics to be associated with firesetting in children, considerably less research has been conducted on the specific characteristics of adult arsonists. The literature in this area tends to be confined to the study of pathological arson among psychiatric populations (Geller, 1992; Ritchie & Huff, 1999), despite these individuals committing only a minority of arson incidents. There is also an absence of longitudinal research following child firesetters into adulthood, meaning that little is known about continuity and change in firesetting behaviours within individuals, and the factors associated with these developmental patterns. One study that compared adolescent and adult arsonists suggested that while both juvenile and adult firesetters were motivated by aggression and revenge and tended to set fire to their own homes, young firesetters started fires due to conduct disorder whereas adults offended as a result of alcoholism, schizophrenia, and personality disorder (Bradford & Dimock, 1986).

The literature on the relationship between arson and mental health problems suggests that among adult psychiatric populations, arson may be associated with schizophrenia (Geller, 1992; Ritchie & Huff, 1999, Virkkunen, 1984), personality disorders (Hurley & Monahan, 1969), psychoses (Geller, 1992; O'Sullivan & Kelleher, 1987), depression (O'Sullivan & Kelleher, 1987), and bipolar affective disorders and mood disorders (Geller, 1992; O'Sullivan & Kelleher, 1987). In a survey of 106 adult arsonists referred for psychiatric examination, Barnett and Spitzer (1994) reported that 56% of the sample had been diagnosed with personality disorders, dementia or psychoses. Further, following the analysis of FBI Behavioural Science Unit records for 283 arsonists, Ritchie and Huff (1999) concluded that 90% of offenders had histories of mental health problems.

The links between arson and neurological disorders such as epilepsy (Byrne & Walsh, 1989; Carpenter & King, 1989), electroencephalographic abnormalities (Powers & Gunderman, 1978), head trauma (Hurley & Monahan, 1969) and brain tumours (Geller, 1992) have been largely neglected in recent research, although the sparse evidence that does exist does not suggest any strong relationships. However, associations have been noted between the presence of dementia and arson and have been attributed to careless smoking and lack of awareness of the associated dangers (Cohen, Aladjem, Bremin, & Ghazi, 1990; Harris & Rice, 1984).

There is a body of research suggesting that arson is associated with developmental disorders, learning disabilities, and mental retardation (Day, 1988; Fry, 1966; Ritchie & Huff, 1999; Walker & McCabe, 1973). Many authors have claimed that those who are less intellectually able, assertive and socially skilled are more likely to set fires (Bradford, 1982; Lewis & Yarnell, 1951; Wolford, 1972). In a series of interviews conducted with learning disabled firesetters with IQ scores between 61–78, Murphy and Clare (1996) noted that, whilst being aware of feelings of anger, excitement, sadness and depression during the offence, the learning disabled firesetters were less aware of the *consequences* of the firesetting. However, it has been argued that learning disabilities in isolation are an insufficient explanation for explaining firesetting. Harris and Rice (1984) contested claims that the less intellectually able are more likely to set fires by stating that the average IQ of an arsonist does not differ significantly from the IQ of non-firesetting offender. This finding again underlines the complexity of firesetting and arson behaviours, and highlights the need to view such actions as a range of behaviours with various motivations and causes, rather than as a unitary construct.

Attempts have also been made to understand behavioural patterns of firesetting and arson using functional analysis (Jackson et al. 1987; Swaffer, 1994), whereby firesetting is conceptualised in terms of the social and environmental stimuli that reinforce such behaviours, predisposing an individual to firesetting which is initially positively and negatively reinforced. Fineman (1995) has also used this approach, but also considers the interaction of environmental stimuli with individual predispositions towards antisocial behaviour. In this formulation of firesetting, reinforcement can be external or internal. Examples of external reinforcement include situational rewards, such as setting a fire to conceal another crime or lighting a fire for money. Internal reinforcers are “internal” states such as feeling powerful while watching the flames, or a sense of revenge in damaging property by fire.

A related framework for considering arson and firesetting has been provided by Canter and Fritzon (1998), who argued that firesetting behaviour can be understood in terms

of two facets: person-oriented vs. object-oriented arsons, and expressive vs. instrumental motivation (which is similar to Fineman's external and internal reinforcers). According to Canter and Fritzon, these two facets interact to provide four types of arson: expressive person-oriented arson, expressive object-oriented arson, instrumental person-oriented arson, and instrumental object-oriented arson. In their study of arsonists (including some juveniles), Canter and Fritzon found a number of significant differences between the characteristics of adult and juvenile offenders within their four types of arson. Expressive person-oriented arson was associated with the offenders' psychiatric history, whereas repeat arsonists were associated with the themes within the expressive object-oriented arson type. Instrumental object-oriented arson was highly associated with young offenders, and a history of failed relationships related to the themes within instrumental person-oriented arson.

This research has recently been replicated by Santilla, Häkkinen, Alison, and Whyte (2003) with juvenile firesetters, showing similar structural themes for crime scenes as the original study (i.e., person vs. object and instrumental vs. expressive). However, unlike Canter and Fritzon (1998), only two categories of background variables emerged: a depressed group that was associated with instrumental firesetting; and a delinquent and antisocial group of variables associated with expressive firesetting.

When attempting to interpret the literature on firesetters and arsonists, it is important to note that the variation in research findings may also reflect methodological differences between studies, in terms of the samples studied, the settings from which they are drawn (e.g. community, residential), and the make-up of comparison groups (e.g., other clinical or forensic populations, 'normal' community populations).

It is also important to consider whether the characteristics highlighted above as being present in firesetters and arsonists are functionally related to their firesetting or arson behaviours. In terms of intervention targets, it is necessary that those issues that most directly influence firesetting/arson are those that are addressed. This point is made more salient by the fact that a number of the characteristics highlighted are similar to those found in general juvenile delinquent and offender populations, raising the question of whether firesetters and arsonists are generalists or specialists, or whether there are two distinct groups of firesetters/arsonists which might be thought of as "specialists" and "generalists". With the former group arson would be their single or predominant form of offending, however with generalists arson would be part of a much broader pattern of antisocial and criminal behaviour.

Based on the literature identifying characteristics and behaviour patterns of firesetters and arsonists, it becomes possible to identify targets for change through intervention. However, before interventions are discussed it is necessary to consider the issue of how to assess these targets so as to ensure an appropriate match is made between an individual's characteristics and intervention they receive.

Assessment

The assessment of young firesetters and arsonists to inform an intervention can include a variety of individual, family, and environmental factors, as seen from the literature

reviewed above. Furthermore, as Kolko (2001b) noted, it is important to assess the variables relating to the firesetting incident itself, in addition to identifying the individual's fire-related risk factors. Cole et al. (1983) suggested that the all-important incident variables of intent, social context, personal and emotional reactions, and the consequences of the fire should be built into the assessment process.

Young firesetters

Slavkin and Fineman (2000) proposed that assessment of young firesetters should include a comprehensive structured interview with the juvenile firesetter *and* their parents, taking into account family functioning, supervision, and discipline practices. Kolko and his colleagues have developed a variety of measures designed to assess the role of the incident variables among young firesetters, which may be completed by either the child or their parents.

One of the earlier assessments used with juvenile firesetters was the Children's version of the Schedule for Affective Disorders and Schizophrenia (Kiddie-SADS; Chambers, Puig-Antich, Hirsch, Paez, Ambrosini, Tabrizi, & Davies, 1985). The Kiddie-SADS is a comprehensive diagnostic interview for children and their parents, and evaluates various psychiatric disorders and their associated symptoms, incorporating six questions specifically exploring the child's involvement in firesetting. However, the Kiddie-SADS suffers from a lack of empirical evidence regarding its effectiveness in identifying and assessing early firesetting behaviour.

The Firesetting Risk Inventory (FRI; Kolko & Kazdin, 1989a) and Children's Firesetting Inventory (CFI; Kolko & Kazdin, 1989b) were developed to assess fire-related risk factors among children. The FRI is a parent interview that covers personal, familial, and social dimensions related to firesetting through 99 questions scored on a 5-point Likert scale. The dimensions assessed by the FRI include fire specific ones such as curiosity about fire, involvement in fire-related activities, early experiences with fire, and knowledge of fire safety. The FRI also asks about general family variables, including the child's behaviour and the frequency, style, and efficacy of parental punishment. The CFI is an interview schedule for use with children, with 56 questions on a 5-point Likert scale. The CFI questions address six dimensions relating to firesetting behaviour which are curiosity about fire, involvement in fire-related activities, knowledge about things that burn, fire competence, exposure to incendiary materials, and supervision/discipline. The interview also involves role-play responses, utilised to explore the child's primary motives, skills, and experiences relating to firesetting. Comparison of young firesetters and non-firesetters on the CFI showed that whilst the firesetters exhibited increased curiosity about fire, access to incendiary materials, knowledge of combustible materials, exposure to individuals who use fire and involvement in fire-related activities than the non-firesetters, they were less competent when using and responding to fire (Kolko & Kazdin, 1989b).

Kolko and Kazdin (1994) later devised the Fire Incident Analysis for Children (FIA-C; Kolko & Kazdin, 1994), a structured interview for children comprising 21 items: these items cover details of the firesetting incident, the primary motives of the firesetter, consequences from the firesetter's family and friends, the firesetter's reactions to the incident, and the impact of the incident on future firesetting behaviour. In a study with

95 firesetters, Kolko and Kazdin (1994) found that children frequently reported having access to fire-setting materials, motives associated with fun and curiosity, a lack of remorse for the incident, and few parental consequences for their firesetting behaviour.

A parallel parent version of the FIA-C has also been developed, the Fire Incident Analysis for Parents (FIA-P; Kolko & Kazdin, 1991). The FIA-P addresses five factors: three general 'motive' factors of curiosity, anger, and attention/help-seeking, and two 'reasons for the fire' items of accident and peer pressure/destructiveness. In addition, the interview seeks information on the firesetting incident itself, with questions about how the juvenile obtained the incendiary materials, information about the child's level of the behavioural and emotional correlates of firesetting immediately prior to the incident, and the consequences of the fire from a range of perspectives (family/disciplinary, financial, medical, legal, and social variables).

Pinssoneault and Richardson (1989) developed the FIRE Protocol, an assessment that includes a Firesetter Interview and a Risk Evaluation Instrument. Completion of the protocol allows five objectives to be attained: assessment of threat posed to public safety by a young firesetters' behaviour; their risk of recidivism; the extent and nature of their firesetting behaviour; identification of specific treatment needs relating to social, family, and environmental factors; and development of specific interventions for the individual. The FIRE Protocol has been tested extensively in a range of settings (psychology, probation, fire services, criminal justice, and education), leading the authors to argue that it is a reliable yet flexible tool.

A Firesetters Analysis Worksheet has been designed by Sakheim and Osborn (1994) in order to assess a child's likelihood of future firesetting. The worksheet covers 25 variables that the authors' research has consistently found to be associated with juvenile firesetting, along with 5 variables seen to be indicative of a reduced risk. Of the 25 variables, Sakheim and Osborn constructed a 'prediction equation' allowing children to be classified into 'minor', 'moderate', 'definite', or 'extreme' risk of future firesetting, an equation the authors claim to be 96% accurate.

A final instrument for assessing young firesetters is the Juvenile Firesetter Needs Assessment Protocol (JFNAP; Humphreys & Kopet, 1996). The JFNAP was developed by mental health professionals for use with 2–18 year olds. It aims to assess mental health needs, document history of firesetting, identify events that may have led to the firesetting, identify firesetter typology, and make recommendations for supervision and treatment. The authors do not, however, view this instrument as a prediction tool.

Beyond the need to examine the types of variables covered in the assessments detailed above, other behavioural, emotional, and environmental factors that may be related to firesetting should also be assessed. The general psychological and psychiatric literature on assessment provides a wealth of measures that can be used for these purposes.

Arsonists

In terms of assessment measures employed for adult firesetters, the Fire Assessment Interview (FAI; Murphy, 1990) is a standard interview schedule comprising 16

statements relating to the frequency with which eight cognitions are self-reported by the arsonist as being their motives before and after the firesetting: these cognitions are excitement, anxiety, attention, social approval from peers, responding to internal voices, sadness, anger, and the avoidance of undesired situations. The more recent Fire Setting Assessment Schedule (FSAS; Murphy & Clare, 1996) explores in greater depth the perceptions of arsonists of the events, feelings, and cognitions prior to and after committing the offence.

Further measures formulated to assess adult firesetting behaviour have included the Fire Interest Rating Scale (FIRS). Murphy and Clare (1996) constructed the FIRS to encourage arsonists to rate their feelings about 14 fire-related situations on a 7-point Likert scale ranging from 'Most upsetting/absolutely horrible' to 'Very exciting/lovely/nice'. The Fire Attitude Scale (Muckley, 1997) is another self-report measure that requires participants to rate the degree to which they agree with 20 statements concerning fire. Using a 5-point Likert scale ranging from 'Strongly Agree' to 'Strongly Disagree', the respondent rates statements such as 'The best thing about fire is watching it spread'. However, as with many assessment schedules, the Fire Attitude Scale suffers from a lack of empirical support regarding its effective implementation.

Overall, despite the key role of assessment in identifying appropriate targets for interventions with young firesetters and arsonists, there is a lack of research evaluating the current assessments available for use. Although there appear to be a number of assessments available for young firesetters, those documented in the literature are North American in origin. While their utility with UK populations remains untested, it is difficult to draw firm conclusions as to their use with British samples. This issue is less of a problem with adult arsonists, with UK assessments available. The problem with assessment of adult arsonists lays more in the lack of knowledge about the characteristics, reasons, and motivations for their behaviour, which is reflected in the dearth of standardised assessments available. As interventions to deal with firesetting and arson need to be tailored to meet the needs of the individual (Suss, 1998), rectifying the problems associated with assessment becomes a priority.

Interventions

Within the literature methods of dealing with firesetting and arson in children and adolescents typically use one of two approaches. First, *educational* approaches involve the teaching of fire safety skills and provide participants with information and practical skills concerning fire recognition, the dangers and consequences of firesetting, making emergency calls, seeking assistance, and the safe use of fire. Interventions using this approach are delivered as both preventative and reactive measures. Second, there are *psychosocial* interventions that address psychological and social factors associated with firesetting and arson, often involving cognitive-behavioural treatments and the enhancement of social skills (Barnett & Spitzer, 1994). Specific interventions for young firesetters and arsonists will be considered next.

Young firesetters

Educational approaches

The Fire Awareness Child Education (FACE) programme, implemented by the Merseyside Fire and Rescue Service in 1988, is one example of an educational approach in use with children, and is currently being used by 16% of Fire and Rescue Services in the UK (Canter & Almond, 2002). FACE is an educational programme aimed at young arsonists and children aged 4–12 years who play with fire. A 'Fire Friend', often a member of the Community Division of the Fire and Rescue Service, visits the child or adolescent at home, with the aim of changing their attitudes to fire, informing them of the consequences of setting fires, and promoting awareness of fire safety (Canter & Almond, 2002). FACE is typically run with assistance from other organisations to which children may be referred if their fire-setting behaviour persists (Broadhurst, 1999). The Merseyside Fire and Rescue Service and Liverpool's Youth Justice Department developed a similar arson intervention programme in 1991 for young offenders aged 10–17 years convicted of arson offences. The FACE UP Arson Programme, derived from the earlier FACE scheme, is provided as an alternative to custody and takes the form of 13 weekly 2-hour sessions, with homework to be completed between sessions. The programme itself confronts and challenges the attitudes and cognitions believed to contribute to the offenders' arson offending.

Sunderland Youth Offending Service also set up a strategy for working with adolescent firesetters, which includes work experience with the Arson Task Force and local Fire and Rescue Service, and an intervention scheme. This intervention emphasises the consequences of firesetting on the individual and their victims, and includes a 'clean up' day of the local area as a gesture of reparation. While there was a 70% completion rate in the 12 months up to September 2001, the project has not been evaluated in terms of its impact on fire-setting or more general offending (Hermanns, Jones, & Popham, 2001).

Another group of interventions that are used within British Fire and Rescue Services were developed by the educational psychologist, Andrew Muckley. Taking more of a counselling, rather than an educational, approach these interventions target individual juvenile firesetters and attempt to change their behaviour through effective referral, counselling, and psychological assessment. Muckley (1997) produced a training manual for Fire and Rescue Services with plans to implement fire-setter interventions, and provided a series of training courses for staff involved in such schemes. The material provided in the manual and courses covers information to allow appropriate classification and assessment of a child's characteristics and behaviours that are linked to their firesetting, thus allowing intervention to be aimed at these variables. It is estimated that around one-third of Fire and Rescue Services use approaches in line with Muckley's principles (Canter & Almond, 2002).

Empirical studies evaluating the effectiveness of interventions using an educational approach with young firesetters have shown some positive results. In North America the Federal Emergency Management Agency (FEMA, 1983) evaluated the impact of a juvenile firesetting intervention programmes across eight sites. The programme involved fire safety assignments and educational discussions with 766 young firesetters.

On completion of the programme, FEMA observed a recidivism rate after eleven months of 1.25%. Without a comparison group, however, it is not known whether this recidivism rate would have occurred without any intervention. Williams and Jones (1989) examined the effects of fire safety skills training on young firesetters in the UK, noting improvements in participants' responses to emergency fire situations at a 5-month follow up compared with a control group of firesetters who received no intervention. However, both studies had only short follow-up periods of less than one-year after completion of the programmes.

An educational intervention programme provided by Broward County Florida's Juvenile Firesetter Prevention Network (FJFPN) for juvenile firesetters was evaluated during 1997 by Faranda, Katsikas, and Lim (2001). Among young firesetters who were accepted into the Network's programme, the rate of recidivism was 2.1%. While the authors acknowledge that this represents a small number (four) of the overall sample and the limitations of using official records, they note that this rate is lower than those taken from official records in other state jurisdictions over the same period.

Franklin, Pucci, Arbabi, Brandt, Wahl, and Taheri (2002) describe their Trauma Burn Outreach Prevention Program, an educational programme focusing on the medical and societal consequences of firesetting that was developed as a result of an increase in admissions for burns in a paediatric unit. Participants were followed up for periods ranging between 8 months and 2.5 years. Of 132 juveniles attending the 1-day programme, only one re-offended during the follow-up period, as compared to 37 recidivists in a control group of 102 juveniles.

Kolko and Kazdin (1991) compared the effectiveness of fire safety skills training on 12 psychiatrically hospitalised young firesetters compared with a group of patients who participated in individual fire awareness discussions. Kolko and Kazdin concluded that the children who had received the fire safety skills training exhibited significantly less fire-related play in an analogue playroom and more fire safety knowledge. At the 6-month follow-up study, the parents of the experimental group also reported less firesetting and match play than the control group, 16.7% and 58.3% respectively.

Another intervention within a psychiatric unit for children used the character 'Smokey the Bear' to educate young firesetters in fire hazards and match safety (DeSalvatore & Hornstein, 1991). The intervention encouraged family participation and utilised role-play activities with the parents of the children. Of the 52 children who participated in the intervention, 50 were followed-up after completing the intervention. Thirty-five children were followed-up for one year, during which period only one child set another fire. Of the ten children followed up for six months, only one child set fires, and of the five children followed-up for 3 months no firesetting was recorded.

Overall, as an approach, many authors have promoted the use of Fire and Rescue Service personnel for delivering educational intervention programmes to children and adolescents. In particular, Eglington, Horn, and Muckley (1993) cite the benefits of such programmes as "Firefighters often have face-to-face contact with young firesetters as part of their routine fire investigation procedures and are often best placed to deliver advice to families and children about fire safety" (p.48). Pinsonneault (1996) also recommends that the family unit should be actively involved for the effective

implementation of educational arson interventions, and has devised a fire awareness curriculum for the parents of young firesetters, emphasising the need for a safe home environment to minimise the risk of fire and promote positive relationships. To date, however, the successful implementation of such guidelines has not been practically explored or evaluated.

Psychosocial interventions and treatment

Early behavioural interventions for juvenile firesetters utilised satiation procedures and aversive techniques to encourage appropriate behaviours incompatible with firesetting (Hardesty & Gayton, 2000). Overcorrection is one specific approach that has been used to satiate the interest of firesetters in fire-related behaviours (e.g., Kolko, 1983; McGrath, Marshall, & Prior, 1979; Wolff, 1984). An illustrative case study involved the satiation treatment of a 17-year-old male firesetter serving a Youth Custody sentence for arson (Daniel, 1987). The young firesetter participated in weekly sessions in which he was told to strike matches continuously whilst adhering to strict rules about lighting procedure and posture. Despite being permitted to strike matches for up to 50 minutes per sessions, a gradual decrease was noted in the time spent striking matches and the young firesetter ceased attending after the 11th session due to 'boredom'. At 2-month follow-up the participant in this treatment no longer carried matches, whilst six months after being discharged from custody he had no reconvictions for arson offences.

A second approach, involving individual and family therapies, is the 'graphing technique' where a visual representation of the personal and environmental context of the fire is generated. This approach was piloted by the Dallas Fire Department to examine the relationship between the arson event and the firesetter's feelings before and after the fire in order to identify the cause-effect relationships involved in firesetting and introduce constructive alternative behaviours (Bumpass, Brix, & Preston, 1985; Bumpass, Fagelman, & Brix, 1983). In an evaluation with 150 young firesetters where follow-up ranged from six months to eight years (mean follow-up of 2.5 years), Bumpass et al. (1985) reported that only three of the young people engaged in subsequent firesetting. Of these three, two had not completed the programme when the incident occurred, and neither participant set a fire after completion. It was also noted that the commencement of the programme coincided with a 31.5% decrease in the number of fires set in Dallas.

Psychosocial interventions with young firesetters have also incorporated prosocial cognitive-behavioural skills training to encourage appropriate expressions of anger and emotional arousal (Kolko & Ammerman, 1988; McGrath et al., 1979), behavioural family therapy to restore parental boundaries and help implement effective communication and problem solving skills (Cole et al., 1983; Cox-Jones, Lubetsky, Fultz & Kolko, 1990; Madanes, 1981; Minuchin, 1974), and contingency management strategies to discourage involvement with fire and reinforce contact with non-incendiary materials (Adler, Nunn, Lebnan, & Northam, 1994). However, these intervention programmes remain largely unevaluated in terms of their effectiveness in reducing recidivism.

One North American programme that has been evaluated is Oregon's 'Community Alternatives to Commitment Hazards' (CATCH), an intensive psychosocial programme for 13–17 year-old firesetters. Schwartzman et al. (1998) demonstrated the effectiveness

of groupwork delivered by Fire and Rescue Service professionals that incorporated coping skills, anger management, and assertiveness training. A one-year follow-up revealed that 93% of the CATCH sample had no record of arson recidivism, with 67% committing no reoffending of any kind.

There have been a few systematic, comparative evaluations of different intervention approaches with young firesetters. In Australia, Adler et al. (1994) randomly assigned 138 firesetters aged 5–16 years to two conditions. In the control condition, participants received a home visit by a member of the Fire and Rescue Service and educational fire safety material. The intervention condition incorporated three visits by a firefighter, education about fire safety, the graphing technique and behavioural satiation, and parental instruction in using negative consequences if further firesetting occurred. Comparisons were also made between those firesetters whose behaviour was deemed serious enough to warrant an offer of psychiatric referral and those firesetters whose behaviour was less serious. At one-year follow-up Adler et al. reported a significant decrease in the frequency of firesetting for both conditions, across both the serious and non-serious firesetter groups. There was also a significant decrease in the severity of firesetting at follow-up for both treatment conditions. However, the more serious firesetters showed less of an improvement over time than did the less serious group. Adler et al. also noted that the more serious firesetters experienced a greater drop-out rate than the less serious group, 35% and 21% respectively. Of those firesetters who showed an improvement, 42.8% did not reoffend in the following year. These results led Adler et al. to conclude that the multicomponent intervention was no more effective than the fire safety educational package provided by the home visit from a firefighter as in the control condition.

A second comparative evaluation of intervention approaches was reported by Kolko (2001a) in which 46 boys aged 5–13 years were randomly assigned to one of three groups. The 'Fire Safety Education' (FSE) group received fire safety skills training and discussed motives and reasons for firesetting with firefighters. The 'Cognitive-Behavioural' (CBT) group were counselled by therapists in self-control, problem solving, alternative coping skills, and prosocial behaviours. The third condition involved a brief 'Home Visit' (HVF) by a firefighter to simulate routine fire service practice. Significant improvements post-treatment and at one-year follow-up were noted in all three conditions on self- and parent-reports of firesetting and matchplay. However, the CBT and FSE groups performed significantly better than the HVF group, with the CBT group reporting a significant decrease in fire interest and the FSE group showing enhanced fire safety skills.

Arsonists

The literature on interventions with adult arsonists reflects the research on their characteristics, in that it is sparse and tends to concentrate on interventions among psychiatric populations, typically from a cognitive-behavioural approach. One exception is an adaptation of the FACE UP programme discussed previously, which was initially established in 1991 by Merseyside Fire Service and aimed at young offenders. The adapted version of FACE UP was implemented in HMP Liverpool in 1998, with the material in the programme modified for an adult audience. However, as yet, this programme has not been evaluated in terms of its effectiveness in reducing re-offending.

Many authors have promoted the use of cognitive-behavioural treatments for adult firesetters (e.g., McGuire, 1995; Skett, 1995; Taylor, Thorne, & Slavkin, 2004). An early investigation by Rice and Chaplin (1979) found that assertiveness training was more effective in dealing with the social skill deficits of 10 male arsonists with learning disabilities than non-directed group psychotherapy. A one-year follow-up study revealed that there was no evidence of reoffending in those who had received assertion training.

Many interventions with adults, particularly among psychiatric populations, are conducted on an individual basis. One such case study is reported by Clare, Murphy, Cox, and Chaplin (1992), in which a young male arsonist with a mild learning disability and facial disfigurement underwent covert sensitisation, where imagined firesetting activities became associated with punishment and seclusion, and cognitive-behavioural training in assertiveness, social skills, and coping strategies, along with undergoing facial surgery. No recidivism was noted 48 months after discharge.

Taylor, Thorne, Robertson, and Avery (2002) delivered a 40-session cognitive-behavioural group-based intervention to 14 adult male and female firesetters with mild learning disabilities. At the completion of treatment, Taylor et al. observed reductions in fire interest, along with improvements in the attitudes associated with firesetting behaviour, risk management, and the development of new coping skills.

Taylor et al. (2004) describe case studies for four male firesetters with developmental disabilities who participated in a group-based intervention. The aims of the intervention were to provide the arsonists with emotional and interpersonal coping skills, self-esteem and personal effectiveness, an increased understanding of risk, and personalised plans to prevent relapse. Although the case study approach did not allow for a thorough evaluation of the effectiveness of this intervention, Taylor et al. noted that all four patients completed the 31-session programme with few absences – which for patients with intellectual and cognitive deficits are an achievement in itself. However, scores on fire-specific measures did not show improvements after completion of treatment, something that may indicate a lack of change or problems with using the measures with this specific population. Use of the same programme with six female firesetters with intellectual disabilities has been reported by Robertson, Taylor, Thorne, Belshaw, and Watson (in press). As with the male participants, the female patients all successfully completed the intervention. Participants' scores on a range of fire-related measures improved after completing the intervention, and at a two-year follow-up none of the participants had set a fire.

Overall, the literature on interventions with adult arsonists is sparse, and typically details small-scale studies or case-studies with psychiatric populations. As such there is little information about their outcomes and effectiveness.

Factors for effective implementation

Research in the wider literature on interventions with offenders has consistently shown quality of treatment delivery to be a key issue in maximising programme effectiveness (e.g., Gensheimer, Mayer, Gottschalk, & Davidson, 1986; Lipsey, 1995). Thus, factors that facilitate effective implementation of interventions – that is, ensure high levels of

treatment integrity -- also have a key role to play in effectiveness of interventions (Cooke & Philip, 2001; Hollin, 1995). This point is illustrated by the findings of the US National Juvenile Firesetter/Arson Control and Prevention Programme (NJF/ACP) in a study to “Conceptualise, design, develop, and evaluate a variety of community-based approaches to prevent and control juvenile firesetting” (FEMA, 1994; p.1). This research identified seven factors shared by successful juvenile firesetting interventions: these were good programme management, appropriate screening and evaluation procedures, intervention services, appropriate referral procedures, publicity, appropriate monitoring systems, and developing relationships with juvenile justice.

The programme model developed from these results was then evaluated across three jurisdictions in order to assess its effectiveness in reducing firesetting (Bourque, Cronin, & Han, 1993, as cited in Kolko, 2001b). This evaluation reported that the guidelines published by FEMA to aid fire departments in developing new interventions. What was not established, however, was whether using these guidelines and materials led to a reduction in actual firesetting incidents (Kolko, 2001b).

In England and Wales, national guidelines on working with juvenile firesetters have been developed by the National Community Fire Safety Centre (NCFSC). Their ‘Toolbox’ module for juvenile firesetting outlines models of ‘good practice’ (<http://www.firesafetytoolbox.org.uk>), stressing the need for standardisation amongst all fire agencies, specifically with respect to the standardisation of programme material, measurements of intervention effectiveness, and partnerships with other agencies.

It has been argued that interventions that are collaborative across a range of community agencies have the greatest impact in reducing firesetting behaviour (Kolko, 2001, 2002; Lambie, McCardle, & Coleman, 2002). The realisation that education, fire safety awareness, mental health issues, and the family unit all contribute to juvenile firesetting has led to comprehensive intervention packages which capitalise on the expertise of professionals from law enforcement, mental health, social services, juvenile justice, education and the fire and rescue service (Kolko, 2001, 2002).

An example of such a collaborative approach is provided by Schwartzman et al. (1998), who investigated the role of the longest running and most successful juvenile firesetter program in the US, the Phoenix Fire Department Juvenile Firesetter Task Force. Schwartzman et al. observed a well-established community network of agencies in which full-time fire safety educators coordinated closely with local hospitals, educators, child welfare services, mental health units, law enforcement professionals, and fire investigators. Similarly, in an evaluation of the Massachusetts Statewide Coalition for Juvenile Firesetters, Stadolnik (2000) concluded that young arsonists are best served through community-based, cooperative interventions. Further, a 10-year study of youth firesetting programmes in Portland, Oregon reported by Porth (2002) concluded that the effective use of partnerships within juvenile justice, law enforcement, fire investigation, mental health, education, child welfare, paediatric medicine, and the fire service helped achieve a low recidivism rate of only 6.2%.

With regard to multi-agency approaches developed in the UK, the effectiveness of the Fire Awareness Child Education (FACE) programme, implemented by the Merseyside Fire Brigade in 1988, is perceived to lie in its liaisons between professional agencies,

social services, and mental health units (Canter & Almond, 2002). Therefore, it can be concluded that to be effective, interventions to reduce firesetting and arson need not only to contain appropriate content for their target population, but that implementation issues are also critical to their success.

Conclusions from Literature Review

It can be seen from the review of the literature that the majority of the published research has been carried out with young firesetters, rather than adult arsonists. Thus, the characteristics of young firesetters and the likely targets for change are more clearly mapped with this population, as reflected by the number of assessment instruments available for use with this specific population. While a range of variables has been associated with firesetting among children and adolescents, the key point is that a full assessment is fundamental for appropriate intervention, whether this involves educational or psychosocial approaches. Few long-term evaluations of the effectiveness of interventions with young firesetters exist, however, making it difficult to draw firm conclusions as to 'what works' in reducing their firesetting behaviours. Furthermore, the evidence that is available is predominately North American in origin, and the results may not generalise to other countries.

The literature on adult arsonists is sparser than with young people, and concentrates on psychiatric patients. The dearth of literature means less is known about the characteristics and treatment needs of adult arsonists, with fewer standardised assessment tools for use with adults. Reflecting the psychiatric emphasis within the literature, research into interventions with adults tends to be case-studies, making it hard to generalise results to the wider population. Therefore, once again, the conclusion is that it is difficult to come to a firm conclusion as to what is effective in reducing arson among adults.

It is not clear 'what works' with young firesetters and arsonists meaning that the development of new programmes starts from a limited knowledge base. Given this state of affairs, it is critically important that future interventions have a comprehensive evaluation strategy to both measure their own success and contribute to the broader field of knowledge.

2. Survey of Current Practice

Introduction

The second part of this report is concerned with the findings from a national survey of organisations involved in the delivery of interventions for arsonists and young firesetters.

Methodology

A questionnaire was sent to a range of organisations in England and Wales (see Appendix II) in order to ascertain the national provision of interventions for arsonists and young firesetters. Organisations included in the survey were Fire Services, Probation Areas, Youth Offending Teams, Health Services (including Special Hospitals, Secure Units and Forensic Services), the Home Office Mental Health Unit, the Offending Behaviour Programmes Unit of the Prison Service, the Research Development and Statistics Directorate of the Home Office, and NACRO. This questionnaire covered past, current, and plans for future interventions with arsonists and young firesetters (see Appendix III).

Summary of Survey of Services

Questionnaire Results

A total of 327 questionnaires were distributed and replies were obtained from 35 (66.1%) Fire Services, 22 (52.3%) Probation Areas, 50 (32.2%) Youth Offending Teams, 27 (36.9%) Health Services Units (including Special Hospitals, Secure Units, and Forensic Services), the Offending Behaviour Programmes Unit of the Prison Service, NACRO, and eight unidentified organisations, representing an overall response rate of 44.0%. An analysis was then undertaken of the past, current and future arson intervention programmes run by the eventual total of 134 respondents.

Past Interventions:

Fire and Rescue Services

Of the 35 Fire and Rescue Services who responded, four had run arson interventions in the past, from 1990–2001. One of these interventions comprised part of a wider offending programme; two of the interventions were ‘home-grown’; one was ‘bought in’; and one constituted a mixture of the two approaches. The interventions received referrals from a range of sources: three from Youth Offending Teams, three from parents, and two from schools; as well as from Social Services, the Police, and the NHS.

The interventions were aimed at young people aged between 3–17 years, with participants being predominantly male. Two of the interventions were run after school and the other two interventions were delivered at the convenience of the young person. All four interventions took an educational approach, with three involving one-to-one work with the individual and the other delivering the intervention to groups of approximately 12 people. The intensity of the interventions ranged from one individual visit to a series of 60 sessions. Two of the interventions employed staff that had received training from the Educational Psychologist Andrew Muckley, two used staff trained in child protection skills, and one employed staff trained in dealing with difficult situations. Three of the intervention programmes said that they had evidence of their effectiveness.

Youth Offending Teams

Seven of the 50 Youth Offending Teams who responded had previously run arson interventions. Two of these interventions formed a component of a wider offending programme; three of the interventions were 'home-grown'; while the remainder were 'bought in'. Two of the Youth Offending Teams gave details of the target population, with one intervention aimed at 10–18 year olds and the other at 13–17 years olds. All interventions targeted individuals who were either arsonists or who were 'at risk' of becoming arsonists. Of the two interventions described in detail, one was primarily run in the evenings, with the other delivered at the convenience of the young person. The interventions were either educational or cognitive-behavioural, with some holding one-to-one sessions with the individual and others involving groupwork. The intensity of the interventions ranged from one visit lasting one hour to a series of six 2-hour sessions. Evidence regarding effectiveness of the intervention was mentioned by one of the Youth Offending Teams.

Health Services

Of the 27 Health Services who responded, seven had run arson interventions in the past, one of which constituted 50% of a wider offender treatment programme. These seven interventions were run between February 2001 and August 2003 and they were all developed within the organisation. The interventions were all aimed at in-patients aged between 16–50 years with learning disabilities, and were primarily run with male patients. Four of the interventions were run during the day and comprised either one or two sessions lasting between 1.5–3 hours. All of the interventions were cognitive-behavioural in orientation, with two also incorporating educational principles, and were administered by 'in-house' clinical psychologists. The majority of the programmes employed a mixture of groupwork and one-to-one sessions. Evidence of effectiveness was said to be available for six of the intervention programmes.

Current Interventions:

Fire and Rescue Service

Of the 35 Fires and Rescue Services who responded, 32 are currently running arson intervention programmes, with eleven of the Fire and Rescue Services are participating

in more than one intervention. This gives a total of 47 interventions currently being delivered by Fire and Rescue Services in England and Wales. Thirteen of the interventions, ranging in duration from three months to 11 years, are components of wider offending programmes. Twenty-seven of the interventions were 'home-grown', nine were 'bought in', and one constituted a mixture of the two. The interventions receive referrals from a range of sources: 22 receive referrals from parents/guardians, 20 from Youth Offending Teams, 19 from schools, 19 from Social Services, 14 from the Police, and eight from NHS organisations. The remainder of referrals come from Child Protection agencies, Local Education Authorities, Pupil Referral Units, Secure Units, Probation Areas, Connexions, and the Prison Service.

The interventions are aimed at young people of mixed gender and ethnicity, aged between 2–20 years. The target groups cover a variety of individuals, with 14 of the interventions targeting individuals with an interest in fire, 12 targeting offenders, five targeting firesetters, five targeting young people at risk of offending, and two interventions targeting those young people who have been excluded from school. The majority of the interventions are delivered at the convenience of the young person.

Thirty-three of the interventions use an educational approach, with 11 also incorporating cognitive-behavioural principles, two using the model developed by Andrew Muckley, and one employing a mixture of all three approaches. The intensity of the interventions ranges from one individual visit to a series of 10 sessions, each session lasting between 45 minutes and 1.5 hours. Twenty of the interventions employ staff who have received training from Andrew Muckley, eight use staff with communications skills training, seven with knowledge of child protection, six with qualifications in psychology, and five have staff who are trained counsellors. The remainder receive training from the Fire and Rescue Service, the Social Services, and the Cognitive Centre Foundation. Evidence of effectiveness is claimed by 31 of the interventions and six have programme literature available.

Youth Offending Teams

Twenty-eight of the 50 Youth Offending Teams who responded are currently running at least one arson intervention, with a total of 32 programmes across England and Wales. Fourteen of these interventions represent part of a wider offending programme. Fifteen of the interventions were 'home-grown' with seven 'bought in'. The 32 interventions accept referrals from a range of sources: 16 receive referrals from their own organisations and other Youth Offending Teams, three from schools, and the remainder from health professionals, courts, Social Services and Local Education Authorities. The interventions are aimed at young people, aged between 10–18 years, of mixed gender and ethnicity, involved in arson and firesetting. Sixteen of the interventions are run on weekdays or at the young person's convenience, with six taking place at weekends or in the evenings. In terms of the intensity of the programmes, six of the interventions involve only one visit. The remaining interventions consist of up to 13 sessions, with each session lasting between 1–6 hours. The sessions are educational and cognitive-behavioural, with nine of the 32 programmes involving groupwork with between 2–16 participants, eight employing one-to-one sessions with an individual, and the remaining five incorporating a mixture of the two. Seventeen of the interventions utilise tutors with Fire Service training and

two use Youth Offending Team staff. Evidence of effectiveness was said to be available in nine of the interventions and 13 had programme documentation available.

Health Services

Seven of the 22 Health Services that responded are currently running arson interventions. The interventions have been running for between three months and five years with four of the seven programmes being 'bought in'. Of these interventions, five accept referrals from their own organisations, three from the Prison Service, and three from courts. There was also a mention of referrals from Social Services, Probation Service, Child Protection, Child and Adolescent Mental Health Services, and Secure Units. The interventions are aimed at individuals aged 15 years and over. Five interventions target individuals with convictions for arson, and four are specifically designed for adults with learning disabilities. All sessions are delivered during the day, each lasting between 1–1.5 hours. Two of the interventions represent one-off meetings and one intervention incorporates a series of 43 sessions. Five of the programmes are cognitive-behavioural, with two programmes incorporating educational principles. The interventions either incorporate groupwork, with either four or five participants, one-to-one sessions, or a mixture of the two. The staff selected to deliver the interventions are primarily trained as clinical psychologists with one organisation having a tutor who was trained by the Fire and Rescue Service. Evidence of effectiveness is available for five of the intervention programmes and four have programme literature available.

Future Interventions:

Fire Services

Fifteen of the 35 Fire Services who responded said that they planned to run arson interventions in the future, specifically in late 2004–2005. Three of these interventions will involve further development of an earlier intervention programme and nine interventions will be components of wider offending programmes. Of the interventions, which were described in detail, eight will be 'home-grown' and two 'bought in'. The interventions will receive referrals from a range of sources; four from Local Education Authorities, three from Youth Offending Teams, and two from schools. There was also mention of referrals from pupil referral units, the Police, health professionals, courts, the Prison Service, Probation Areas, and Connexions.

The interventions will be aimed at young people between the ages of 4–18 years, who are arson offenders, at risk of offending or excluded from school. Six of the interventions will deliver sessions during the day and three will be delivered at the convenience of the young person. The sessions will be educational and cognitive-behavioural, with a preference for groupwork. The intensity of the interventions will range from one visit to a series of twelve sessions, ranging in duration from 1.5 hours to 8 hours per session. One Fire Service will run four interventions per year, with a second Fire Service aiming to run 16 per year. Each of the interventions will employ different methods of staff training including Muckley's principles, input from the Cognitive Centre Foundation, Child Protection work, and NVQ qualifications. Twelve plan to collect evidence concerning the effectiveness of the interventions.

Youth Offending Teams

Of the 50 Youth Offending Teams who responded, 17 plan to run arson interventions in the future, three of which will involve the development of a previous programme. Five of these interventions will comprise part of a wider offending programme. Seven of the interventions will be 'home-grown', with two 'bought in'.

In terms of referrals, six of the interventions receive referrals from their own organisations or from other Youth Offending Teams; one accepts referrals from schools and one from Social Services. The interventions are aimed at young people aged between 5–18 years, comprising school children, young people excluded from school, those at risk of offending, firesetters, and arson offenders. Two of the interventions will be delivered during the day, two in the evening and two at the convenience of the young person. The interventions will utilise cognitive-behavioural and educational principles, and employ either groupwork or a mixture of groupwork and one-to-one sessions. The intensity of the interventions will range from one visit to a series of 13 sessions, ranging in duration from 1–2 hours per session. Each session will address 4–20 participants. One Youth Offending Team will run two interventions per year, one will run four interventions per year, and one aims to run six per year. Four of the Youth Offending Teams intend to employ staff with Fire Service training, one will use staff from the Youth Offending Team, and the other will provide training in Muckley's principles. Five of the organisations plan to collect evidence on the effectiveness of the intervention programmes.

Health Services

Ten of the 27 Health Services that responded are planning future arson interventions. Four of these interventions will involve development of established programmes and one will form a component of a larger programme of offending intervention. Five of the interventions will be 'home-grown', three of which will only accept referrals from their own unit or other health organisations. The interventions will be aimed at males and females, aged between 10–65 years of age and mixed ethnicity, with learning disabilities or mental illness. Four of the interventions will run during the day, one of which will specify an intervention duration of one session lasting two hours. Cognitive-behavioural work will inform the majority of these interventions, although one intervention will include educational principles. There will be a range of one-to-one and group sessions and the staff employed by two of the interventions will be trained clinical psychologists. Six of the Health units intend to collect evidence of the effectiveness of the interventions and seven will have literature available.

Resources

The questionnaire also asked whether the organisation were aware of the financial costs involved in running the past/current arson interventions. Thirty Fire Services, 13 Youth Offending Teams, and eight Health Services indicated that this information was available.

Partner Organisations

The questionnaire sought information regarding more general issues relating to strategies for dealing with arsonists and young firesetters offenders. None of the

Probation Areas or the Home Office Offending Behaviour Programme Unit had any links with partnership agencies in working with arsonists and young firesetters. Forty-one Youth Offending Teams indicated the presence of partnership links, mainly with local Fire Services, Police, schools, and community safety partnerships. Thirty-three Fire Services who responded had links with partnership agencies, with many working with a number of different agencies. The majority of Fire Services indicated links with Youth Offending Teams (29), followed by Social Services (17), Police (14), education authorities (7), health professionals (7), and schools (5). Links with prisons, pupil referral units, Connexions, and Child Protection were also mentioned. Of the mental health settings, nine had partnership agency links, with the majority being with other hospitals and the Fire Service. One Probation Area made reference to the Fire Service as a partnership agency in working with arsonists and young firesetters.

Local Crime and Disorder Strategies

A minority of respondents indicated that working with arsonists and young firesetters was specifically noted as a priority in local Crime and Disorder Strategies, this accounted for two Probation Areas, 14 Youth Offending Teams, and 15 Fire and Rescue Services.

Work with victims

Finally, 33 of the Youth Offending Teams, nine Probation Areas, eight Fire and Rescue Services, and one mental health unit indicated that they had established working relationships with the victims of arsonists and young firesetters.

Conclusions from National Survey

It was clear from the survey that the majority of Fire and Rescue Services were working with juvenile firesetters and/or those deemed to be at risk of setting fires. This work typically included partnerships with Youth Offending Teams, with many Fire and Rescue Services also working with local schools. The approach used in these interventions was almost predominately educational, with a wide range of dosage and intensity of service delivery. It was apparent (although perhaps predictable given the findings of the literature review) that there was a lack of any systematic approach on the scale of an accredited programme. This conclusion is supported by the lack of robust monitoring and evaluation strategies that could provide information as to the effectiveness of these programmes.

Within the Health Service a different picture emerged, with a small number of interventions reported for learning disabled forensic populations. These interventions typically used a cognitive-behavioural approach, although educational work was sometimes included. Once again, intensity and dosage varied, and no wide-scale systematic approach was discernable with interventions typically provided on a 1:1 basis. Finally, no large-scale evaluations were available as to the effectiveness of the interventions reported.

Where Youth Offending Teams reported interventions, these typically involved partnerships with local Fire Services, with the intervention itself being run by the Fire

and Rescue Service and the Youth Offending Team acting as a referral agency or providing co-tutors. As such, no systematic approach to intervening with arsonists and young firesetters was revealed. Finally, the Prison and Probation Service do not have an accredited programme for arsonists, nor did they organisation report plans for the development of such an intervention in the near future.

3. Site Visits

Site Details

This section of the report describes the site visits that were made to organisations selected on the basis that had indicated they had previously run interventions for young firesetters or arsonists, or that they had current or future plans for young firesetters and arsonists (see Appendix IV). Two visits were made to Health Settings: Broadmoor Special Hospital which delivered interventions to adult mentally disordered arsonists, and St. Andrew's Hospital which delivered interventions to adult arsonists with learning disabilities. Six Fire and Rescue Services were visited at Devon, Greater Manchester, Shropshire, Staffordshire, Tyne and Wear, and West Yorkshire. All of these Fire and Rescue Services provided interventions to young firesetters. As a number of Fire Services work closely with local Youth Offending Teams, site visits were also carried out with three Youth Offending Teams working with these Fire and Rescue Services: Salford YOT (Greater Manchester Fire and Rescue Service), Staffordshire YOT (Staffordshire Fire and Rescue Service), and Leeds YOT (West Yorkshire Fire and Rescue Service). Visits were made to these organisations, and interviews carried out with personnel following a detailed Topic Guide (see Appendix V). The report focuses on informative answers from these interviews, reflecting the fact that in some cases the interviewees could not provide an answer to certain questions as the question went beyond their area of knowledge (e.g., why would participants drop out of the intervention?). A detailed summary of each site visit according to the headings in the Topic Guides used to structure the interviews is provided in Appendix VI. A summary of the main points to emerge from the site visits is reported below.

Summary of Site Visits

Brief CV Details of Interviewees

At the Health Settings interviews were carried out with the Clinical Psychologist who was involved in developing and running the intervention. For each Fire and Rescue Service visit, three Fire Officers were interviewed, ranging from those officers who delivered the intervention to officers in a management role. One Youth Offending Team member of staff was interviewed in each site visited.

Development of the Intervention

At the Health Settings the intervention had been initially developed in response to the needs of patients and an interest in providing arson interventions by the psychologist.

'When we decided we needed to look at interventions for the firesetters that we had, we did a literature review and what we came up with was we didn't find

very much about interventions. The main stuff that we found was the Andrew Muckley work which was associated with the Fire Service.’ (Health Setting)

In contrast, Fire and Rescue Services had often been approached by other agencies or parents about the possibility of providing help with children and adolescent firesetters, as well as Fire Officers perceiving a need for interventions. The implementation of the Crime and Disorder Act 1998 had also provided impetus to many Fire and Rescue Services’ provision of services for young firesetters and arsonists.

‘It’s a matter of beg, steal and borrow.... There are other brigades in the country who have done similar kind of projects’. (Fire Service)

Although all organisations reported looking for established practice during the development phase of their intervention, an overview of their practice did not show any common programmes across organisations or within the Fire and Rescue Service. Within the Fire and Rescue Service, some areas such as Merseyside and Tyne and Wear were mentioned as being perceived to have good practice and had been visited. Most Fire and Rescue Services had drawn upon the work of the psychologist Andrew Muckley and Staffordshire had contacted the Cognitive Centre Foundation in Wales for advice.

Intervention: Group Profile

The interventions run in the Health Settings were targeted at the patients within the units: thus, for Broadmoor the target group was male adults with mental illnesses, and for St. Andrews young males with learning disabilities. In both units, the interventions are delivered on a groupwork basis.

‘All male, teens, predominantly 16–18... in general in the mild to moderate learning disability’. (Health Setting)

In the Fire and Rescue Services, provision was targeted at young children and adolescents, with Youth Offending Teams usually involved in the adolescent interventions. Although Fire and Rescue Service interventions were available to males and females, the majority of participants were males. Interventions with young children were all delivered on a one-to-one basis, with two staff often participating in the visit. Among older children and adolescents practice varied, with a mix of one-to-one and groupwork provision.

‘Predominantly male, predominantly playing with fire.’ (Fire Service)

‘Mainly young boys between the ages of 12 and 16. But I have worked with a few females, and recently taken on two clients in their 30s and 40s.’ (Fire Service)

‘The Juvenile Firesetters [programme] can include children as young as 3–4 through to adults’. (Fire Service)

Intervention: Content

Interventions run in the Health Settings took a cognitive-behavioural approach, with some educational material within the sessions. As such they attempted to reduce

firesetting and arson by identifying a participant's risk factors for arson and providing strategies to avoid re-offending.

*'It's basically cognitive-behavioural, the GMAP [Greater Manchester Adolescent Project] model of 'old life – new life' from their sex offending sessions'.
(Health Setting)*

Within the Fire Service, an educational approach was predominant, with participants receiving information about fire safety, the dangers and consequences of fire, and victim awareness.

'We aren't experts in behaviour, but we can educate on fire safety'. (Fire Service)

*'There is a developed educational pack which highlights the dangers of fire'.
(Fire Service)*

'I think there is a little bit of CBT in there. I think there's a little bit of person-centred counselling in there. I think the main thing is that someone's put this altogether, but hasn't really thought about what kind of model it is, only whether it will work or not'. (Fire Service)

Intervention: Material

A range of materials was used in all interventions across all settings, including videos, interactive games, discussions, role-plays, and written work. These learning aids were used to engage participants and help maintain their motivation throughout the intervention.

Intervention: Dosage and Delivery

The dosage of interventions varied across interventions. Within Health Settings, Broadmoor Hospital ran a programme of about 25 sessions, while the intervention at St. Andrews ran continuously for a period of months until participants had been discharged from the unit.

'Sessions were one hour; one session per week, some run longer sessions but we really didn't feel that our patients could tolerate that'. (Health Setting).

In the Fire Services, provision to young children was typically a one-off home visit.

'One-off visit with follow-up telephone calls, we have on occasion made two visits but that's been when there's been a little bit of backsliding and the parents ask for it, very few and far between'. (Fire Service)

More serious and older offenders participated in longer programmes, although participants often only attended a few sessions as decided by the Fire and Rescue Service staff and YOT staff. A few of programmes of determinate length were available to young offenders in Shropshire Fire and Rescue Service, Tyne and Wear Fire and Rescue Service, and Greater Manchester Fire and Rescue Service.

'It's very much down to what the history of the case is.... You could go and visit somebody once and that's fine or you could be seeing someone for a year because of other things that come out'. (Fire Service)

'We normally work for 2 hours. But 2 hours can be a very long time, if you're doing intense work.... So it might be cut down to 45 minutes or an hour.'
(Fire Service)

Intervention: Referral and Targeting

In the Health Settings, referrals to the interventions were made by the psychologists as part of their routine clinical work. At both Broadmoor and St Andrews the interventions had some selection criteria, including the use of standardised questionnaires. Referral and targeting procedures were less standardised in the Fire Services where referrals came from a variety of sources, including parents, schools, YOTs, and Social Services. However, particularly for young children, no selection criteria are applied and all referrals are accepted. In contrast YOTs have their own criteria in place before referring young people onto the Fire and Rescue Service, although decisions about accepting these referrals are often made on a case-by-case basis, rather than through the application of selection criteria.

Integrity and Monitoring Arrangements

No measures are in place to ensure programme integrity for any of the interventions in Health Settings or Fire and Rescue Services. Within the Health Settings, the psychologists were aware of the concept of programme integrity, but felt it to be not relevant for interventions in psychiatric settings (which is incorrect!). Fire and Rescue Service staff were not really familiar with the concept.

'Programme integrity couldn't be part of our programme, there was nothing to have integrity to because we were developing it ... I don't see how it would work with our client group'. (Health Setting)

'Meeting the needs of patients is not the same, not monitored session by session'. (Health Setting)

'As the programme has only been running over a year I don't think this [monitoring and evaluation] would be meaningful'. (YOS)

'I don't think this [lack of external validation] compromises the programme as it is under the tight grip of the experienced people who deliver it. I trust the integrity and judgement of the staff that run it fully'. (YOS)

'We do monitor them.... I go along and monitor them to see how it's going.' (Fire Service)

'Not that I'm aware of.... I'm not aware of videoing sessions, we're not as sophisticated as that!' (Fire Service)

'You work with a YOT worker, but you wouldn't have anyone observing from the Fire Service'. (Fire Service)

General monitoring arrangements varied, with those in the Health Settings being of a reasonable standard involving standardised measures. In practice, however, it had not proved possible to collect all measures at pre- and post-intervention for all participants, meaning that there was little evidence for the clinical effectiveness of programmes. Further, no evidence was available at all with respect to reconviction, partly due to the security measures in place in the Health Settings, and the fact that participants were not always released into the community. Within the Fire and Rescue Service monitoring practices were generally weak, with little evaluation of intermediate outcomes or re-offending/reconviction. There was an acknowledgement that this issue needed to be addressed, with some Fire and Rescue Services beginning to make use of information collected by other agencies such as YOTs.

Staffing

Within the Health Settings, the interventions were typically delivered by clinical psychologists with the help of assistant psychologists and nursing staff. Fire and Rescue Services used uniformed and non-uniformed staff to deliver interventions, with use of YOT staff in some services.

*'With staff selection it's finding people willing to give their time up'.
(Fire Service)*

*'We need more women, as it isn't always appropriate to send two men'.
(Fire Service)*

'One of the things is getting the volunteers, keeping the staff, people come in full of enthusiasm and then promotions come along and with promotions comes more responsibility and they think, "I haven't got time to devote myself 100% to this" but it's continual, we still get people volunteering to do it so it's not a major problem'. (Fire Service)

*'We would like more volunteers. But when you get more volunteers and go through a period of low referrals they don't get the practical experience'.
(Fire Service)*

Staffing levels were perceived to be adequate, although it was stated that more staff would enable provision to be advertised more widely, which would therefore generate more referrals. Management support was reported to be good at all sites, with arson prevention seen as being a priority within Fire and Rescue Services. The two Health Settings provided staff training from the clinical psychologist who had initially developed the intervention. Almost all of the Fire and Rescue Services had staff trained by the late Andrew Muckley, with training often cascaded down through the service. There was a willingness to allow staff to attend a range of relevant training, with generous provision for funding these activities. Many Fire and Rescue Services also mentioned training being provided in the area of child protection or in other areas of professional activity.

'The YOS staff already had experience from their general YOS and Restorative Justice Training so there was no need for separate training'. (YOS)

Communication

The small teams working on the interventions within the Health Settings meant that communication was perceived to be good; similarly, within the Fire and Rescue Services, communication was also perceived to be good.

‘We work in conjunction with Youth Justice and have regular meetings so we’re kept updated’. (Fire Service)

‘They may not communicate on a formal level, but there’s an ongoing informal level of discussion’. (Fire Service)

‘We have regular individual and team briefs’. (Fire Service)

There did, however, appear to be a lack of communication of practice in arson interventions *between* Fire and Rescue Services. Where appropriate, communication with partner YOTs was reported to be working well, with email and telephone conversations the most common form of contact.

Accommodation

Interventions in the Health Settings were delivered within the units in dedicated groupwork rooms. Fire and Rescue Service interventions with young children are conducted at the child’s home, allowing parents to participate. Interventions with older children and adolescents take place in Fire and Rescue Service or YOT accommodation. In some areas there are rooms dedicated to this purpose.

Partnerships

The Health Settings both delivered their interventions in isolation from other organisations. In contrast, all the Fire and Rescue Services have links with a range of organisations, with YOTs being mentioned by all Fire and Rescue Services.

‘The programme developed because of these links [between the Fire Service and YOS] and otherwise might not have been developed’. (YOS)

‘It’s been easy really ... we have quite a good working relationship with the Fire Service’. (YOS)

These partnerships appeared to be working well, although turnover of staff in other agencies and information sharing had posed some problems.

‘It generally works. There’s a turnover of staff sometimes with the YOTs’. (Fire Service)

Resources

Detailed information about the resources required to develop and implement the interventions was not available from all the sites visited. Where details were known, staffing costs took up the bulk of costs.

Overall

Overall, all interviewees perceived the interventions to be having a positive effect, and were enjoying their involvement. The commitment and enthusiasm of staff involved was evident in the interview and was clearly a key factor in the initial development of interventions. Problems that had been overcome typically involved issues of data sharing between organisations and the reliance on external funding.

Conclusions from Site Visits

Practice in the two settings of Health Settings and Fire and Rescue Services appears to be quite different. The practice within the Fire Service appears to be widespread across the country, and predominately targeted at young children and adolescents; in contrast, practice in Health Settings is more sparse and targeted at older adolescent and adult populations with mental illness or learning disabilities. Furthermore, in the Health Settings visited, the interventions were not currently active, whereas the Fire and Rescue Services reported a continual use of their interventions. The approach taken within the interventions differed between the two settings, with Fire and Rescue Services typically taking an educational approach, in contrast to the dominance of cognitive-behavioural work within the Health Settings. This variation reflects the psychological background of the staff involved in Health Settings as compared to the Fire Service interventions, which were driven by Fire Officers with no specialist knowledge of offending interventions.

In terms of assessment procedures, interventions in Health Settings had good procedures in place to identify participants requiring intervention. Practice was more mixed in Fire and Rescue Services, with some having little routine assessment whereas others had established clear protocols. Where Fire and Rescue Services did have good procedures in place, these often drew upon assessments used by partnership Youth Offending Services. Treatment integrity measures were not in place in any of the interventions visited, with Fire Services and Youth Offending Services being unaware of the concept in many cases. Staff in the Health Settings were familiar with the notion of programme integrity, but typically saw it as not being relevant to mental health settings but as the preserve of offending interventions within prisons. General monitoring and evaluation practices were in place within the Health Settings, although the small numbers of participants meant that no conclusions could be drawn as to the effectiveness of interventions. Furthermore, no information was available with respect to reconviction, partially due to the secure nature of mental health settings and the duration of patient stay. Within Fire and Rescue Services, monitoring and evaluation practice were mixed: hard evidence of interventions' effectiveness with regard to re-offending was not available, although Fire and Rescue Services were beginning to acknowledge the need for this information to be collected. Where practice was at its best, good information sharing protocols were established between the Fire and Rescue Services and partnership YOTs.

Whereas the interventions with Health Settings were unique to the unit visited, Fire and Rescue Services often worked with local Youth Offending Teams. The typical model of working involved the YOT staff making referrals to the interventions and attending the sessions, with some Fire Services also delivering interventions jointly with YOT

staff. This partnership working was often initiated by the Fire and Rescue Service, and appeared to be working well. The only substantial issue raised by partnership working was the need to establish protocols for sharing of information between agencies whilst working within the Data Protection legislation.

4. Critical Review of Interventions

This section of the report reviews the interventions provided by the organisations visited, and evaluates these with reference to their likely effectiveness, and strengths and weaknesses. One method of assessing the interventions is to assess their qualities as set against the formal accreditation criteria of the Correctional Services Accreditation Panel (CSAP), which form the basis against which interventions in the Prison and Probation Service are judged in terms of their likely impact on offending. The current Accreditation Criteria for programmes consist of ten criteria, informed by the research evidence relating to ‘What Works’, by which programmes are judged. The ten criteria are shown below in Table 1.

Table 1: The CSAP Accreditation Criteria

- Programmes should have a clear theoretical model of change, which is outlined in the programme’s Theory Manual. This should be based in the theoretical and empirical literature, and provide a coherent basis for the targets and methods of the programme.
- There should be clear criteria for selection of participants in the programme. This should include both inclusion and exclusion criteria, along with the procedures and assessments used.
- Programmes should target a range of dynamic risk factors that are known to be related to re-offending. Procedures to measure any changes that occur in these risk factors over the course of the programme should also be detailed.
- The methods that programmes employ to facilitate change in dynamic risk factors, and thus offending behaviour, should be supported by evidence of the efficacy with the target offender population.
- Programmes should be skills oriented, providing offenders with skills and strategies to help them avoid committing crimes and to lead non-criminal lives.
- The dosage of treatment provided to offenders should be matched to offenders in terms of number and frequency of sessions. The sequencing of different components of treatments and programmes should also be planned to match offenders’ treatment needs.
- Programmes should aim to engage and motivate offenders throughout their duration. Procedures should be in place to monitor attendance and completion rates, along with reasons for non-completion.
- Programme provision should occur within a coherent sentence planning process, within one service and between prisons and the community (or between any other specified settings).
- Programme integrity should be monitored to ensure that the intervention is being run as it was designed. This should include procedures to provide feedback to staff in a supportive environment to promote good practice.
- Programmes should be subject to ongoing evaluation examining their effectiveness, in terms of changes on targeted dynamic risk factors and re-offending.

The CSAP also requires programmes seeking accredited status to be fully manualised. The necessary manuals are a Theory Manual outlining the theory underpinning the programme and model for change; a Programme Manual containing a detailed

description of each programme session, making links between these and the model of change, research evidence, and the theory underpinning the programme; an Assessment and Evaluation Manual that describes all measures used for assessment and evaluation within the programme, including details about their administration and interpretation; a Management Manual describing procedures for the selection, training, and appraisal of staff, offender selection and assessment, operating conditions for the programme, monitoring and evaluation procedures for the programme, and the roles and responsibilities of all staff relating to the programme; and a Staff Training Manual outlining all training for staff involved in the programme, procedures for assessing and assuring staff competence, and procedures for reviewing staff performance on a regular basis.

The interventions at the eight sites visited in were all reviewed with respect to the CASP criteria. The full details of these reviews for each individual site are presented in Appendix VII, a summary is provided of this exercise below.

Summary of Critical Review of Interventions

Across all the interventions at the sites visited, none met the stringent criteria for an Accredited Panel as set out by the CSAP. The lack of a clear model of change underpinning interventions impacted on most areas covered by the criteria, particularly selection criteria, targeting of dynamic risk factors, use of effective methods, and dosage. A model of change is of fundamental importance: essentially, it requires a robust, theoretically informed, answer to the question “how and why will your programme achieve the desired effect?” There was also a lack of good practice with regard to monitoring and evaluation of interventions, particularly with respect to changes on risk factors and reductions in re-offending. On the positive side, the majority of interventions appeared to engage and motivate participants, as evidenced by low reported drop-out rates, and partnership working between Fire and Rescue Services and YOTs ensured that adolescents were receiving interventions within a case management system.

The mixed findings regarding manuals highlights the fact that different organisations are at different stages in their development of interventions with firesetters and arsonists. Those organisations whose interventions are longer established tended to have more documentation, although all fell short of the documentation required by the CSAP.

5. Overall Conclusions

In conclusion, the results of the national survey reflect the state of the literature, in that more interventions exist for young firesetters than adult arsonists and work with adult arsonists is typically carried out with mental health populations. As in the literature, there is no one uniform, systematic approach used across England and Wales, although the clear distinction between the educational approach favoured by Fire and Rescue Service-led interventions and those interventions based on cognitive-behavioural principles used with the NHS reflects the balance in the intervention literature. The lack of robust monitoring and evaluation systems across all settings makes it difficult to draw any firm conclusions as to what constitutes appropriate interventions and for whom. Again, this conclusion is similar to that drawn from the literature review. It is clear, therefore, that in order to achieve interventions capable of reducing arson and juvenile firesetting, further empirical research is needed which will allow the development of programmes to accredited standards.

It is clear from the site visits and review of interventions that there is a range of good practice among organisation with respect to working with firesetters and arsonists. This is particularly the case for Fire and Rescue Services and their establishment of links with partnership organisations such as Youth Offending Services. Despite this partnership working, and acknowledging the efforts and professionalism underpinning current work, there was no evidence of any systematic approach on the scale of an accredited programme.

The most critical point that emerged from the site visits and review of interventions was the lack of emphasis placed on theory and research in determining the content of interventions. Management issues such as staff training, monitoring and evaluation of interventions, and programme integrity might also have figured more prominently. Indeed, there was a pressing need to set up better systems to evaluate the effectiveness of the interventions, in terms of both cost and outcome.

The final point to be made is the concentration of the majority of programmes on educational approaches. While this emphasis is likely to be appropriate as both a proactive and reactive approach to low level firesetting behaviours, there is a distinct lack of existing provision for more serious arsonists, particularly once adulthood is reached. Thus, as well as bringing current interventions up to accredited standards, there is a need to develop new state of the art interventions for more serious and adult arson offenders.

6. Recommendations

- It is evident that a great deal of good practice, in a range of settings, is currently taking place, with Fire and Rescue Services and Youth Offending Teams at the forefront of arson prevention with young firesetters and adolescent arsonists. If the status quo is broadly to remain, then consideration might be given to the central provision of assistance at a local level with common concerns such as staff training, provision of teaching materials, and organisation of a central forum for practitioners to exchange ideas and knowledge about best practice. Further, attention may profitably be given to ensuring that links with partnership agencies are clarified in written service level agreements setting out each organisation's roles and responsibilities. Such agreements should address responsibilities across all the involved agencies, including issues such as data sharing, data protection and confidentiality, health and safety, and child protection issues.
- Alternatively, if current services are to be developed then, based on both the literature review and the national survey and interviews, it is evident that some interventions have a broadly educational purpose while others are more "treatment" focused. It is recommended that consideration be given to developing two distinct interventions, one as an educational package, and the other as a treatment programme.
- If separate interventions are to be developed for educational and treatment purposes, then clear protocols for each approach, including assessment procedures, will need to be developed in order to enable appropriate targeting to take place. In line with the 'What Works' literature, it will be necessary to ensure that interventions are matched to participant risk and need. The thinking behind this recommendation lies in the probable target groups for intervention identified from the survey. It is likely that an educational package would be applicable on a broad scale, perhaps for generic use or for use with "at risk" groups. A treatment programme, on the other hand, may be the intervention of choice for a smaller number of known or apprehended arsonists.
- Given the absence of an accredited programme for arson within the Prison and Probation Service, a partnership arrangement with OBPU in the Home Office might be considered to develop a programme of accredited status for juvenile and adult arsonists serving custodial and community sentences. Such a programme might be extended to include provision for arsonists with mental illness and learning disabilities detained in psychiatric settings.
- The development of a new programme should be informed by principles of effective practice, as for example reflected in the CSAP criteria. Such principles would cover targeting, assessment, staff training, programme management, and so on. Critically, interventions should be monitored and evaluated, with respect to both process and outcome. In the sense used here, outcome refers to the benefits

of a programme in terms of targets such as re-engagement in education and employment, re-offending, and financial benefit. It is important to “build-in” evaluation from the beginnings of a development in order to maximise the chances of a rigorous outcome study.

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Appendix I Outline of search procedures

Search Engines

Athens

BIDS

PsychInfo

Psychological Abstracts

Internet Search: Range of Government and University Websites

Key Words (Various Combinations of Terms)

Arson

Arsonist(s)

Firesetter(s)

Firesetting

Assessment

Evaluation

Risk Assessment

Adolescent(s)

Adult(s)

Children

Youth

Intervention

Prevention

Treatment

Appendix II list of organisations contacted to participate in the survey

Fire Services

Probation Areas

Youth Offending Teams

Special Hospitals

Secure Units

Home Office Mental Health Unit

Research Development and Statistics Directorate, Home Office

Offending Behaviour Programmes Unit, Home Office

NACRO

Appendix III Questionnaire sent to organisations

Interventions with Arsonists and Young Firesetters

On behalf of the Office of the Deputy Prime Minister we are conducting a national survey of organisations with respect to their work with arsonists and young firesetters. Overleaf you will see several questions about this topic and we would be grateful if your answers could be returned to us using the prepaid envelope provided. The first three sections cover questions about past, current, and future interventions with arsonists and young firesetters. These questions are followed by a few short questions relating to work in this area.

All replies will be treated in absolute confidence: if you have any queries please get in touch with either one of us as below.

Please feel free to write your responses directly under each question. If you would prefer to receive a copy of this questionnaire as a WORD file so that you can email it back to us, please contact laura.cauldfield@nottshc.nhs.uk with your email address. We would be grateful if you could return this to us at the address below within *two weeks* of receipt.

Thank you for your help with this work. Once this work is complete we will be providing feedback on the results of this survey to all participants.

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Section 1: Past Programmes with Arsonists and/or Young Firesetters

1. To your knowledge, has your organisations run any programmes or interventions specifically targeted at arsonists and/or young firesetters in the past five years, which are no longer running?

Yes		No	
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If No, please go to Section 2 on page 4

2. Details about the programmes/interventions:
Please complete the following grid for each programme/intervention
(*please photocopy as necessary if your organisation has run more than one intervention in the past*).

Explanatory note: please include interventions where the work with arsonists/young firesetters is only a small part (i.e. a module) of a more general offending programme, and indicate roughly how big the component is.

Name of programme	
Was the arsonist/young firesetter programme part of a more general offender programme? If YES, please indicate roughly how big the component was (%).	
Dates when run	
Was the programme 'bought-in' or 'home-grown'?	
Sources of referral	
Profile of group (age, gender, ethnicity, etc.)	
Target group (who was it aimed at)	
Times when run (i.e. day, eve, weekend)	
Intensity (number of hours and frequency)	
Average number of participants per group	
Number of groups that were run	

What approach was taken by the programme to change people's behaviour? (e.g. cognitive-behavioural, educational, etc.)	
Group work or one-to-one	
Briefly describe training provided to programme facilitators	
Do you have any evidence of the programme's effectiveness?	

Section 2: Current Programmes with Arsonists and/or Young Firesetters

3. To your knowledge, is your organisation currently running any programmes or interventions specifically targeted at arsonists and/or young firesetters?

Yes		No	
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If No, please go to Section 3 on page 6

4. Details about the programmes/interventions:
Please complete the following grid for each programme/intervention
(*please photocopy as necessary if your organisation runs more than one intervention*).

Explanatory note: please include interventions where the work with arsonists/young firesetters is only a small part (i.e. a module) of a more general offending programme, and indicate roughly how big the component is.

Name of programme	
Is the arsonist/young firesetter programme part of a more general offender programme? If YES, please indicate roughly how big the component is (%).	
How long has it been running?	
Was the programme 'bought-in' or 'home-grown'?	
Sources of referral	

Profile of group (age, gender, ethnicity, etc.)	
Target group (who is it aimed at?)	
Times when run (i.e. day, eve, weekend)	
Intensity (number of hours and frequency)	
Average number of participants per group	
Number of groups run	
What approach is taken by the programme to change people's behaviour? (e.g. cognitive-behavioural, educational, etc.)	
Group work or one-to-one	
Briefly describe training provided to programme facilitators	
Do you have any evidence of the programme's effectiveness?	

5. Is there any programme literature (e.g. manuals/guidance notes) available for this current work?

Yes		No		Don't know	
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(Please tick the appropriate box)

Section 3: Future Work with Arsonists and/or Young Firesetters

6. To your knowledge, is your organisation planning any future programmes or interventions specifically targeted at arsonists and/or young firesetters?

Yes		No	
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If No, please go to Section 4 on page 8

7. Details about the programmes/interventions:

Please complete the following grid for each programme/intervention

(please photocopy as necessary if your organisation is developing more than one intervention).

Explanatory note: please include interventions where the work with arsonists/young firesetters will be only a small part (i.e. a module) of a more general offending programme, and indicate roughly how big the component will be.

Name of programme	
Will the arsonist/young firesetter programme part be part of a more general offender programme? If YES, please indicate roughly how big the component will be (%)	
When is it likely to begin	
Is the programme 'bought-in' or 'home-grown'?	
Planned sources of referral	
Planned group profile (age, gender, ethnicity, etc.)	
Planned target group (who will it be aimed at?)	
At what times will it be run (i.e. day, eve, weekend)	
Planned intensity (number of hours and frequency)	
Planned number of participants per group	
Planned number of groups to be run (e.g. number per month/year)	
What approach is taken by the programme to change people's behaviour? (e.g. cognitive-behavioural, educational, etc.)	
Group work or one-to-one	
Briefly describe training to be provided to programme facilitators	
Do you plan to collect evidence to assess its effectiveness?	

Section 4: Resources

[Note: If you answered “no” to sections 1, 2 & 3, please omit this section and go straight to section 5 on page 10]

8. Past interventions

If your organisation has run a programme or intervention specifically for arsonists and/or young firesetters in the past 5 years, what information (if any) is available on the resources and financial costs involved in setting up and running the work?

Please note whether information on costs is available by ticking the appropriate box in the table below. We do not require this information at this stage of the research; we are just interested in its availability.

	Yes	No	Don't know
Publicity			
Training for programme facilitators			
Administration			
Management			
Travel costs			
Premises used			
Staff time			
Equipment			
Insurance			

9. Current interventions

If your organisation is currently running a programme or intervention specifically for arsonists and/or young firesetters, what information (if any) is available on the resources and financial costs involved in setting up and running the work?

Please note whether information on costs is available by ticking the appropriate box in the table below. We do not require this information at this stage of the research; we are just interested in its availability.

	Yes	No	Don't know
Publicity			
Training for programme facilitators			
Administration			
Management			
Travel costs			
Premises used			
Staff time			
Equipment			
Insurance			

Section 5: Partner Organisations

- 10.** Does your organisation have links with any partner organisations in working with arsonists and/or young firesetters?

Yes		No		Don't know	
------------	--	-----------	--	-------------------	--

(Please tick the appropriate box)

- 10a.** If Yes, what (type of) organisation(s)?

Section 6: Local Crime and Disorder Strategies

11. Is work with arsonists and/or young firesetters specifically noted as a priority in your local Crime and Disorder Strategies?

Yes		No		Don't know	
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(Please tick the appropriate box)

Section 7: Work with Victims

12. Does your organisation have any working relationship with the victims of arsonists and/or young firesetters?

Yes		No		Don't know	
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(Please tick the appropriate box)

Section 8: Other information

13. If you have any other information that you think might be useful for this research, please write in the space below.

It might be helpful to us if we could contact you after we receive this questionnaire to participate in future research on this topic. Please let us have your name and a telephone number (or fax if you prefer):

Happy to participate in future research: Yes No

Name:

Organisation:

Telephone Number:

Fax number:

Email:

Thank you very much for taking the time to complete this questionnaire.

Appendix IV List of organisations visited

Health Service Units

Broadmoor High Security Hospital
St. Andrew's Hospital

Fire and Rescue Services

Devon Fire and Rescue Service
Staffordshire Fire and Rescue Service
Shropshire Fire and Rescue Service

Fire Services + Youth Offending Teams

Greater Manchester Fire and Rescue Service
Salford Youth Offending Team

Tyne & Wear Fire and Rescue Service
Sunderland Youth Offending Team

West Yorkshire Fire and Rescue Service
Leeds Youth Offending Team

Appendix V Semi-structured interview schedules

Topic Guide: Arson intervention programmes

Classification data:

- Name
- Grade
- Length of time working in the fire/health service?
- Length of time working at this organisation?
- Length of time working on this intervention programme?
- Reasons for beginning work with this intervention programme? Was it your choice?

Brief CV:

Prompt for information on:

- experience of running arson intervention programmes
- experience of running this programme

Job description:

- Can you give a brief summary of your job description for this post (or paper job description)

Development of intervention:

- How long has the intervention been running?
- How did the intervention originate?
- Was it an area initiative?
- Who was involved in the development of the intervention?
- Does the intervention have a theoretical basis or did it evolve from practical work with young firesetters and arsonists? Can you cite any evaluation or research in support of the development of it?

- How was the development carried out (process)?
- How long was the process of development? Is the intervention continually changing?
- At what stage in the process of the development of the programme did you become involved (e.g. initial development, recruited to implement it)?
- How much consultation was there with other members of staff (e.g. those who devise/implement/evaluate the programme) over the development and implementation of the programme?
- Do you feel this level of consultation was appropriate? (*prompt for reasons*)
- Is there anything else you wish to say about the development and implementation of the programme?

Description of intervention:

Group profile

- What types of individuals are attending the intervention (e.g. offenders, at risk, schools)?
- Are they the right type to be attending this programme? (*prompt – if no, why?*)
- What is the composition of the group (e.g. ethnicity, gender, age)? Is this planned? (*prompt for reasons why*)
- Do you think this works well? (*prompt for reasons*)
- Is the intervention run on a group or 1:1 basis? (*prompt for why?*)
- If groups, how many participants are there in a typical group (e.g. number referred, number attending)?
- Do you think this is too many/enough/too few? (*prompt for reasons*)
- What is the drop-out rate?
- Do you think this is high or low? (*prompt for reasons*)
- Why do you think the participants drop-out?
- What is the staff to participant ratio?
- Do you think this is appropriate? (*prompt – if not, why not?*)
- Is there anything else you would like to say about the group profile?

Dosage

- Can you describe the dosage and intensity of the programme (e.g. length of programme, number of sessions, length of sessions)?
- Is this the right dosage and intensity? (*prompt – if not, why not?*)
- When are the sessions run (e.g. mornings, evenings, weekends)?
- Is the intervention run regularly or on demand?
- Is there anything else you would like to say about dosage and intensity?

Content

- What is the theoretical model behind the intervention (e.g. cognitive behavioural, attitudinal, educational, pro-social modelling)?
- Why was this chosen?
- What are the targets for change?
- How is the work organised (e.g. modules, sessions)?
- What topics are covered?
- What learning style is used (e.g. active/passive participation, written/oral)?
- What course materials are used?
- Is there work for participants to do between sessions? (*prompt for what this is*)
- Is the intervention fully documented (are there manuals)? (*prompt – get copies if available*)
- Is there anything else you would like to say about the content of the material?

Intervention material

- Can you describe the programme material?
- Is it sufficient to run the intervention?
- Is it clear and comprehensive?
- Is it relevant?
- Is there anything else you would have liked to have been included and why?

- Did you receive the material in enough time to prepare for the programme?
- How do you perceive the programme material?
- Is there anything else you would like to say about the intervention material?
(*prompt – if possible, get a copy of any intervention material*)

Delivery style

- How is the programme style varied to meet the needs of different participants (e.g. females, ethnic minorities, disabled, learning disabilities)?
- Are these changes in keeping with the aims of the programme?
- Is there anything else you would like to say about delivery style?

Referral and targeting:

- How many referrals are you receiving to the programme?
- Is this too many/too few? (*prompt for more information, such as why?*)
- How is the intervention advertised?
- Are you receiving sufficient information on the participants before they attend the programme (e.g. offenders and risk of harm)? (*prompt – if no, in what way is the information insufficient? what information would you like to receive?*)
- Who makes the referrals?
- How are the referrals made (e.g. court order)?
- What are the selection criteria?
- How is this assessed? (*prompt – if a form, ask for a copy*)
- Do you feel those who make the referrals are well enough informed about the programme (e.g. its aims, target group)?
- Are they referring the correct participants to the programme?
- Does this affect factors such as number of referrals, drop-out rates, evaluation results?
- Is there anything else you would like to say about referral and targeting?

Measures to ensure intervention integrity:

- How is programme integrity ensured (explain what programme integrity is)? (*prompt for use of observers, videoing of sessions, referring to programme manual*)

- Do you think these measures work? (*prompt – if no, why not?*)
- What is done with information from the measures?
- How is information fed back to staff (e.g. who delivers feedback, in what setting)?
- Is there anything else you would like to say about programme integrity?

Monitoring and evaluation:

- Is there any formal needs assessment before and/or after the intervention?
- Are there any other types of evaluations or monitoring of the intervention (e.g. reconviction data, attitudinal testing)?
- How is it collected?
- Is the data easy to collect? (*prompt – if no, why not?*)
- Who checks this data?
- Do you get a chance to see this data? (*prompt – if no, why not?*)
- Do you receive feedback from this data and who gives it?
- Have you evaluated the effectiveness of this intervention in any way? (*prompt – how, who by?*)
- Do you have any information on the offender's attitudes towards the effectiveness of the intervention?
- How do you perceive the monitoring arrangements?
- Is any of the monitoring and evaluation material available to us?
- Is there anything else you would like to say about monitoring and evaluation?

Communication:

- Are you being kept informed by what is happening in relation to the arson intervention programme? (*prompt – if no, why not?*)
- What is the nature of the communication between staff? (*prompt – is it formal, i.e. meetings, letters, or informal?*)
- Do you have adequate access to other members of staff? (*prompt – if no, why not?*)
- Do the other members of staff have adequate access to you? (*prompt – if no, why not?*)

- Do you have good communication with the other members of staff? (*prompt, if no, why not?*)
- Is there anything else you would like to say about communication within the service?

Staff:

Staff levels

- What are the staffing levels allocated to deliver the programme (e.g. number of staff, roles, grade of staff, hours allocated to work on intervention)?
- Do you think these staffing levels are too little/enough/too much to deliver the programme effectively? (*prompt for reasons*)
- Is there too little/enough/too much management support? (*prompt for reasons*)
- Is there too little/enough/too much administration support? (*prompt for reasons*)
- Are you involved in staff recruitment? (*prompt – if yes, how? if no, who is?*)
- How are staff recruited to deliver and manage the programme? (*prompt – what criteria are used to select them?*)
- Have you experienced any problems with staff selection or motivation (e.g. due to antisocial working hours etc.)?
- What sort of support (practical and emotional) do staff receive?
- How do you think the staff perceive the level of support they receive? (*prompt for reasons*)
- Is there anything else you would like to say about staff levels?

Staff training

- What/how much training have you had to run this programme? (*prompt – was this formal or informal?*)
- What does the training involve?
- What did you think of the training you have received?
- Was it too little/enough/too much? (*prompt for reasons*)
- Were you happy with the way it was delivered? (*prompt – if no, why not?*)
- What written material did you receive?

- Was this too little/enough/too much? (*prompt for reasons*)
- What did you think of the quality of the material? (*prompt for more information*)
- Do staff delivering the programmes need to complete a probationary period? (*prompt for reasons*)
- Do staff receive support to attend this training? (*prompt – if no, what was their attitude?*)
- Did you feel sufficiently able to deliver the programme after this? (*prompt – if no, why not?*)
- Is there anything else you would like to say about staff training?

Accommodation:

- Can you describe the accommodation used to deliver the programme?
- Is this adequate? (*prompt – if no, why not? how could it be improved?*)
- Is this accommodation always available when required? (*prompt – if no, what alternative arrangements are made & are they suitable/good enough?*)
- Where is the accommodation located? Is this a good area for it? (*prompt – if no, why not?*)
- Is transport to the intervention provided?
- Is there anything else you would like to say about the accommodation?

Partnerships:

- Is this intervention run in partnership with any other agencies/organisations? (*prompt for details*)
- Have you found it easy/difficult working in partnership with other agencies/organisations? (*prompt, why?*)
- Can you describe the contact you have had with staff at the other agencies/organisations?
- Has there been too little/enough/too much contact?
- Prompt for knowledge of staffing, group sizes, targeting, etc. at other sites where same/similar programme is run.
- Is there anything else you would like to say about partnership issues?

Resources:

- General knowledge of costs involved in developing and running programme?
- Staffing (number of hours worked by staff – rank & cost per hour; number of overtime hours worked by staff – rank & cost per hour; travel & subsistence costs; voluntary hours worked by staff)
- Training (hours & costs)
- Premises (cost of premises & use of utilities)
- Equipment (cost of equipment, expected use of equipment & time on intervention)
- Publicity
- Other running costs (e.g. communications – post, telephone)
- Research and data collection
- Levered-in resources (e.g. resources from voluntary organisations)?
- Is there anything else you would like to say about the resource implications of the intervention?

Overall:

- Do you think that this intervention works? (*prompt – if yes, why: due to profile of group, style of intervention, dosage, targeting, staff or other reason?*)
- What aspects of the programme are working particularly well/not working well? (*prompt for reasons for both*)
- What have been the biggest problems you have faced in developing and delivering this intervention?
- How are you finding your involvement in the programme?

Appendix VI Details of site visit interviews

Health Settings

Broadmoor High Security Hospital

Brief CV Details of Interviewee

One interview was carried out with a Consultant Clinical Psychologist working at the hospital. She had 20 years' experience of working within the Health Service, 16 years of which had been at Broadmoor Hospital. The psychologist had been involved in the intervention since its inception, and was instrumental in the decision to set up the arson intervention.

Development of the Intervention

Initially a firesetter assessment session was set up in 1999, with the arson intervention developed in 2002 based upon the results of 70 assessment sessions. The assessment and intervention were originally developed due to the psychologist's interest in the area and the number of firesetters in the hospital who required treatment for their firesetting behaviours. The intervention was developed with the assistance of a Trainee Forensic Psychologist working at Broadmoor Hospital and Dr Fritzson of the University of Surrey. The psychologist was also familiar with similar programmes that had previously been run with arsonists at Ashworth and Rampton High Security Hospitals. Development of the intervention was based on both the extant literature on arson and clinical interventions and on the psychologist's clinical knowledge and previous experience of group-work with the target patient group.

Intervention: Group Profile

The participants in the intervention were all repeat adult arsonists, detained under the Mental Health Act 1983 with a diagnosis of mental illness or personality disorder. Both male and female patients attended the intervention, although the two genders were separated during treatment sessions. It was felt that the right type of offenders attended the programme, due to the fact it was designed with the hospital's patient group in mind. The psychologist expressed a preference for mixed-gender treatment groups, but stated that it was hospital policy for treatment groups to be composed of one gender.

The intervention sessions were run on a group-work basis, although assessments were carried out on a 1:1 basis. To date 70 patients have been referred to the firesetters' assessment session, and two groups of the intervention were run in 2002. Of these two groups, one comprised seven male patients, and the other consisted of four female

patients. It was felt that the group with seven patients worked best, while four patients was too small a number. The maximum number that would make up a group would be eight patients, due to restrictions posed by the facilities. During these two groups there was no drop-out, although two patients missed sessions due to severity of their mental illness. Both patients returned for the remainder of the programme once they were well enough. It was noted, however, that both the groups had problems in sustaining motivation for the duration of the intervention. Both groups were delivered by 3–4 staff, regardless of the number of participants, with this staff/patient ratio seen as being good for the structured exercises within the intervention.

Intervention: Content

The theoretical basis of the intervention was cognitive-behavioural, a decision based on evidence of ‘what works’ in the clinical literature and the existence of clear models to follow from this literature. It was also noted that this approach complemented the other behaviour-focussed treatment programmes running in the hospital, and was feasible for delivery in a maximum-security setting.

The intervention aimed to provide participants with an increased awareness of the dangerousness of firesetting and how this behaviour places others at risk, to give participants’ an understanding of their risk factors for firesetting, and help them to identify future risk situations (relapse prevention). A variety of learning methods were utilised during the intervention, including group discussions, pair exercises, offence analysis using Antecedents-Behaviour-Consequences analysis, and mixed functional analysis of a fire whereby a hypothetical situation was created and patients were encouraged to come up with strategies to solve the problem. Feedback was provided throughout the programme to participants. It was commented that the most productive work was completed in groups, with written work not being popular among participants. During the sessions flip-charts, graphic handouts, and pictures/diagrams were used to help convey the material to participants. A Fire Officer from the local Fire Service visited the hospital for one session and presented a more educational session. It was hoped that this session would put fire offences into a wider context, and counter the commonly held perception among participants that ‘nobody gets hurt’ by their actions. The intervention is described in a document, along with the psychometric assessments used pre- and post-programme. However, it is not a fully manualised intervention. An exemplar of the report for participants’ records is also available.

Intervention: Material

The intervention material consists of educational videos, personal accounts of firesetting behaviour, handouts, and writing on the flip-chart. It was felt that these were sufficient to run the intervention, although the handouts were not always effective. Difficulties were also reported with the relapse prevention work within a high security environment, as the circumstances where participants would have a chance to light a fire were unlikely to occur. It was felt that further material on other topics (e.g., self-esteem, social skills) was not necessary for the intervention as these issues are addressed in other patient treatment programmes. Furthermore, it was felt that the need for a focussed arson programme that was of an appropriate length to engage

participants was the foremost concern, as other needs in other areas could be addressed by other interventions.

Intervention: Dosage and Delivery

The male group completed the intervention over 27 sessions, with the female group completing in 21 sessions. This difference was explained by the smaller group size enabling the material to be covered more quickly. Sessions were delivered once a week on a Thursday morning, lasting 1 and 1/2 hours with a break midway through. It was felt that this dosage and intensity was not ideal due to the organisational problems of patients being escorted around the hospital, but longer sessions or a longer programme would probably have been too much for most patients to cope with.

In terms of the delivery style utilised for different participants, it was reported that the men had an increased understanding of the A-B-C approach as compared to women. It was felt that the women participants benefited more from an emotional context approach (e.g., asking 'so how did you feel'). To date, no participants have been from ethnic minorities, with the most important delivery issue being an awareness of the mental state of participants and its impact on their motivation and cognitive functioning. A few participants have had disabilities, but relevant facilities are in place to cope with these.

Intervention: Referral and Targeting

For the male group, eight referrals were made with seven patients attending the group. Eight referrals were also made to the female groups, with four patients attending the group. Referrals were made by the clinical teams working with the patients, who approached the psychologist. It was felt that the psychologist's personal knowledge of the patients meant sufficient information was received about participants before attending the programme. Furthermore, this personal knowledge allowed the composition of the group to be planned.

The selection criteria for the intervention required the participants to have set more than one fire as an adult, be mentally stable, and be willing to attend the intervention. A final decision was based on a pre-group interview with the psychologist. A number of psychometric assessments were used during the referral phase, including the State-Trait Anger Expression Inventory-II (STAXI-II), Culture-Free Self Esteem Inventory, Social Avoidance and Distress Scale, and Fear of Negative Evaluation Scale.

Integrity and Monitoring Arrangements

There were no formal measures in place to ensure programme integrity, although there was a review of whether the intervention met participants' needs at a broad level. The psychologist reported that the hospital clinical environment is not like a prison, with all staff working on the intervention being professionally trained. In a clinical setting, it was felt that meeting the needs of the patients is not the same as within a prison setting.

As well as the psychometric assessments used in the referral of patients to the intervention, participants were assessed using the Fire Interest Rating Scale, Functional

Assessment of Fire Setting, adapted Murphy's scale, Gudjonsson Blame Attribution Inventory, and locus of control. While it was reported that this data was fairly easy to collect, only 3 complete sets are available due to lack of attendance on the intervention (due to illness) and patients leaving the hospital. Feedback on the intervention was also sought from the participants. It was felt that more monitoring was needed, with only 11 participants treated to date no real evaluation of the intervention could be carried out. It was also noted that a full evaluation of the intervention would be difficult due to the maximum-security setting providing very few chances to indulge in firesetting. Even for the three participants who had left Broadmoor, they had been transferred to medium secure units, with similar constraints on behaviour. Thus, collecting meaningful re-offending rates would be problematic.

Staffing

The intervention was run by the psychologist, who is the Deputy Head of Psychology. Other responsibilities include clinical assessments, a clinical caseload, working on other interventions, line management of seven staff, and training of psychotherapy staff. Nursing staff also assisted with the group sessions, and trainee and assistant psychologists help with the assessments. It was felt that the mix of nursing and psychology staff was good, with nurses working in the group-work interventions from a centralised pool. However, the centralised pool system did lead to problems with staff resources, in that staff tended to be taken up by the interventions dealing with assertiveness and self-esteem.

Management support is seen to be adequate, although they have a 'narrow view'. The level of administrative support is perceived to be adequate for running the intervention.

Selection of staff to work on the intervention is dealt with by the psychologist, who draws upon staff already working within Broadmoor Hospital. This is normal hospital procedure, as the arson intervention is not a large enough component of treatment to necessitate the recruitment of new staff. The high turnover of nursing staff employed to assist with treatment groups was noted as problematic. All staff working on the intervention are line managed and have access to clinical/peer supervision, although as the over-seer the psychologist has no one to turn to.

The training for staff working on the intervention has evolved over time. Initially the psychologist trained one nurse in preparation for the group-work sessions, using the programme documentation. Trainee/assistant psychologists who help with the assessments carry out work shadowing of the psychologist in preparation for their work. No specific training has been provided for carrying out group-work as this is dealt with in generic clinical training. It was acknowledged that the nursing staff in particular require more training to deliver the intervention.

Communication

As the psychologist is present in all assessments and groups that are run, there are no communication problems regarding the running and delivery of the intervention. Pre- and post-group meetings are held among staff for feedback and discussion. The

psychologist has adequate access to other staff within the organisation, and felt that these staff had appropriate access to her.

Accommodation

The intervention was delivered within the Hospital buildings. The group-work room was reported to be good, with appropriate facilities. Refreshments were also provided, and an 'agitation room' was available for participants who became problematic during sessions.

Partnerships

The intervention was not run in partnership with any other organisations, although an informal link is maintained with the University of Surrey for research purposes.

Resources

The psychologist reported that estimates could be made for costs involved in developing and running the programme.

Summary

Overall, it was felt that the intervention is effective. It was acknowledged, though, that due to the maximum security setting patients are deliberately restricted and it is difficult to ascertain if firesetting behaviour has decreased. It was felt that the assessment of patients was working particularly well, with clinical teams wanting information about the patients. The lack of female referrals was felt to be disappointing, as there are an increasing number of female firesetters within the hospital. The lack of long-term evaluation was also cited as an issue to be addressed.

The biggest problems with the intervention were felt to be the lack of mixed-gender groups, as the psychologist felt that each gender could benefit from the others' experiences. Working with individuals with mental disorders was also identified as hard work, particularly within a group-work setting as mental states can fluctuate dramatically across the course of the group. Despite these problems, she has enjoyed running the intervention, but mentioned that it is one of many tasks of a demanding job.

Finally, although the intervention had not been run since 2002, it is still a 'live' intervention that could be run if required.

St. Andrew's Hospital

Brief CV Details of Interviewee

One interview was carried out with a Grade B Clinical Psychologist working at the hospital. She had worked at St. Andrew's for 5 years, with 9 years previous experience

in a local community health care trust. The psychologist had been involved in the intervention from its development in February 2001, something that had come about due to a personal interest in the issue. Although she has since changed jobs, she currently provides a similar service for a male forensic unit for mentally disordered young offenders.

Development of the Intervention

The intervention ran from February 2001 – November 2003, ending due to patients moving on from the hospital. When it was originally developed a literature review into arson interventions revealed a lack of information. Similarly, a review of Andrew Muckley's work with the Fire Service did not cover what was felt to be required for a psychological intervention with arsonists. Therefore, the psychologist visited Rampton Hospital to speak with their psychologists who had carried out work with arsonists, and spoke to other people who had run programmes with arsonists. A combination of this information and what was available in the literature about arsonists led to a treatment package being put together by the psychologist and an Occupational Therapist. This development process between the two individuals was seen as appropriate as the Occupational Therapist had a lot more experience with the client group (learning disabled young people) and engaging them in group-work, whereas the psychologist could provide the clinical, theoretical aspect.

Intervention: Group Profile

The intervention was developed for young males (typically 16–18 years), who typically fell in the mild-moderate learning disability range. The majority of the group was white and had stays of 2–3 years in the unit. As the intervention was designed specifically for this group of individuals it was felt it was appropriate for their needs, as was the group size and composition. No drop-outs occurred, except when patients were discharged from the unit.

The intervention was run in group-work sessions, with one member of staff for every two patients. This staff to patient ratio appeared to be appropriate, and an assistant psychologist also often sat in on the sessions to observe and take notes.

Intervention: Content

The intervention was developed from a cognitive-behavioural perspective, and followed the 'old life – new life' model used by the Greater Manchester Adolescent Project (GMAP) in their sex offender programmes for adolescents. The intervention aimed to reduce firesetting behaviour by educating about fire safety and the consequences of arson, challenging cognitive distortions, identifying participant's risk factors, and relapse prevention work. Fire officers from the local Fire Service were invited into the hospital to contribute to the educational sessions.

The intervention utilised a range of learning styles, including active participation in written and oral discussions. A variety of materials were used, such as videos, fire service personnel visit, pictures, storyboards, flow charts, and role-plays. The intervention is fully documented.

Intervention: Material

The intervention material was felt to be appropriate, although it was reported that it took a while to locate suitable video material. It was felt that more could have been done to link the intervention with other treatments in the unit, and to use the participants' key workers more effectively.

Intervention: Dosage and Delivery

The sessions were one hour each, once a week on a Wednesday afternoon. This time was chosen to ensure that participants were less likely to still be sedated from medication taken the night before. This dosage was chosen as it was felt that the participants would not be able to cope with longer sessions. The psychologist reported that they would have liked to deliver two sessions a week, but this was not feasible due to patients' other commitments.

The delivery style of the intervention was designed to meet the needs of the group it was developed for. It was acknowledged that if the intervention were run again, responsivity issues would have to be re-considered.

Intervention: Referral and Targeting

Participants were included in the intervention at the choice of the psychologist who worked with all the patients. When she became aware that there were a number with a history of firesetting, the intervention was developed as a response.

Integrity and Monitoring Arrangements

Programme integrity was not seen as a key issue in the intervention due to it being developed as it went along. As such, there was no manual or standardised programme to measure integrity against. The psychologist reported that they felt they had integrity to the theoretical model, which underpinned the intervention. It was commented that the concept of integrity can hold back work with patients on some occasions, as organisations and staff can feel it is not allowed to adapt anything, even a case vignette.

An attempt was made to use standardised measures to assess the participants, including rating rates about fire, functional analysis, the Fire Interest Rating Scale, and the 'readiness for change' questionnaire. However, it was noted that the learning disabilities of the participants meant these often had to be adapted. There had also been an attempt to look at participants' offence paralleling behaviours, as the hospital environment meant the likelihood of setting a fire was low. It was acknowledged, however, that this approach had never been rigorously pursued.

Of the data that had been collected, it had not been formally evaluated, nor was there any hard data on the participants' perceptions of the intervention.

Staffing

The intervention was delivered by the psychologist, the Occupational Therapist, an assistant psychologist, and nurses when required. The psychologist felt that she could have spent more time on the intervention, but had various other roles that also needed to be completed. Support from the Consultant Psychologist in the Hospital was perceived to be good, as was the level of administrative support. The staff chosen to work on the intervention were already in post when it was developed, although the psychologist recruited the assistant psychologist. One problem highlighted with staffing was the high turnover of nursing staff, which could lead to problems in delegating duties. Clinical supervision was provided to all staff, along with the support provided by the post-session meetings.

As the intervention was developed 'in-house', the staff had not received any specific training. However, the clinical psychologist had completed an MSc in Forensic Psychology which she perceived to be of use.

Communication

Communication between the staff working on the intervention took the form of meetings before and after each session to discuss any issues. These meetings had quite a formal structure, with participants given action points to complete before the next session or meeting.

Accommodation

The intervention was delivered on the hospital site, with the rooms considered to be appropriate and always available when required. The one problem reported was that all participants smoked and the facilities did not allow for a mid-session break for coffee and a cigarette, one reason for not running 2-hour sessions.

Partnerships

The intervention was not run in partnership with any other organisation, although initially close links were maintained with GMAP.

Resources

Information about the resources required to develop and implement the intervention was not available. It was commented that as the staff were already in post, the intervention had not really cost the organisation very much.

Summary

Overall, it was felt the intervention had worked well, with this partly being due to realistic targets about the levels of change that could be effected in the participants. Using the GMAP 'old life – new life' model was perceived to have worked particularly well. The liaison with ward staff about the intervention was seen as a weakness, and it was commented that any future interventions would need greater follow-up on the

ward, particularly with reference to offence-paralleling behaviours. The biggest problems identified in developing the intervention was the lack of any established treatment packages with arsonists, meaning the intervention had to be developed from scratch. However, overall, the psychologist had enjoyed her involvement with the intervention, and reported that the staff group had felt their work was perceived as worthwhile by other staff in the organisation.

Fire and Rescue Services

Devon Fire and Rescue Service

Brief CV Details of Interviewees

Three interviews were carried out with Fire Officers working for Devon Fire and Rescue Service, a Community Safety Manager, Sub-officer, and Line Manager/Tutor on the intervention. These three staff had 11–32 years of experience in the Fire Service. The Community Safety Manager had been involved with the intervention for 9 months, since taking up his post in Devon and had run the junior firesetters intervention in the West Midlands for 2 years previously, the Sub-Officer had delivered the intervention for 5 years, and the Line Manager/Tutor had been involved from the start in his role within the Community Fire Safety Team. The Community Safety Manager manages the interventions, whereas the other two interviewees act as tutors alongside their other duties.

Development of the Intervention

The intervention was set up in 1995/96 by two Fire Officers within Devon Fire and Rescue Service, including the Line Manager/Tutor interviewed. While it has changed over time, it essentially takes general fire prevention advice and trains tutors to recognise low-level psychological indicators of further problems. As such, the intervention is about educating participants on the dangers of fire and the consequences of their firesetting behaviour. The basis of the intervention was Andrew Muckley's work, and the two Officers involved in the development of the intervention attended his training, and developed his principles to suit the needs of Devon. Over the next 18 months-2 years more people were trained and resources obtained.

Intervention: Group Profile

The intervention is aimed at 2–18 year olds, although the vast majority of participants are school aged. On occasion Fire Service staff have also worked for YOTs with offenders up to the age of 16 years. Participants are typically boys aged 6–9 years, with few ethnic minorities (reflecting the population in Devon). The intervention is delivered both individually and to groups, depending on the situation. Schools form the greatest proportion of group-work. Staff always work in pairs, even when delivering the intervention to one participant, as it is felt to be appropriate not to work with young children in isolation.

Intervention: Content

The intervention takes an educational approach and is based on Andrew Muckley's principles. The intervention material itself is not prescribed, but covers the dangers of fire and its consequences, and general fire safety in the context of the child's specific firesetting behaviour. During the intervention, tutors use colouring sheets, Fire Aid (an educational booklet), a range of videos about fire, and discussions to get information across to the child. On some occasions work may also be given to the child to complete at home. No documentation exists for the intervention although there is a training manual covering general points.

Intervention: Material

The intervention materials comprise videos and talking with the young person, with these evolving over time. While the materials are perceived to be clear and comprehensive, it was felt that it would be good to have more material to enable tutors to give further advice and guidance to participants. It was commented that the videos are not appropriate for all participants, in that it was made for someone living in town and doesn't work as well for those living in small villages. Provision of material from central government was also suggested as an idea, so the same material could be used by all services. This would allow for a standard set of resources, although these would need to be tailored to meet the different needs of different geographical setting (e.g., Greater Manchester and would need different videos than a small village on the Isle of Scilly).

Intervention: Dosage and Delivery

The number of sessions varies, with the tutors visiting the participant as many times as they feel is necessary. Each of these sessions would typically not last longer than 1 hour. This dosage and intensity was perceived to be appropriate although it was commented that more information from the referral agency would allow the intervention to be better tailored to the participants. The delivery of the programme is tailored to the participant, but how this done is left to the tutor's discretion.

Intervention: Referral and Targeting

The exact number of referrals to the intervention was not known, although it was estimated that around 100 cases are seen per year. This number has sometimes been difficult to cope with due to lack of tutors. Referrals are received from a range of sources, including Social Services, schools, police, YOTs, and parents, and contact is made directly with the Intervention Co-ordinator in each area. The amount of information received about referrals can vary, with important information (e.g., child protection issues, dysfunction families) often not passed on to staff, which means staff cannot prepare properly for each case.

No strict selection criteria exist for the intervention beyond the age group it is targeted at, although the intervention is not aimed at those who have been convicted of arson.

The intervention is not publicly advertised, as there are not enough tutors or resources to deal with the number of referrals this would produce. However, leaflets about the intervention are available, and the local YOTs, Social Services, and police know about the intervention. It was felt, though, that these organisations were often not discerning in who they referred, believing instars that the Fire Service are a catch-all system for anyone that might benefit from some fire education. It was also commented that in light of the amount of work carried out for the Social Services, there should be more partnership work.

Integrity and Monitoring Arrangements

There were no measures in place to ensure programme integrity. Similarly, no formal needs assessments are carried out on participants, although an initial interview occurs before the intervention takes place to identify what the child's firesetting activities might be related to. No formal evaluation or monitoring of the intervention is carried out, except collection of a participant feedback form. This lack of monitoring was perceived as an area that required improvement.

Staffing

There are about 10 staff who work on the intervention, although four do the majority of the work. Although this group are made up of different ranks, as people get higher ranks their workloads and priorities change, and they often no longer have the time to dedicate to the intervention. It was felt that a central co-ordinator was needed for the Service, to whom all referrals should go to so that tutors and children could be matched more appropriately. The suggestion was also made that it would be useful to have a policy development officer, and a training programme for all volunteers to develop their skills. It was commented that management were very supportive towards setting up the intervention, although another interviewee commented that they could be more supportive by providing better training, more resources, and new facilities. Administration support was perceived to be mixed, with one interviewee thinking it was adequate and another as being non-existent. Staff are recruited to deliver the intervention on a voluntary basis, although a number have dropped-out due to frustration at the lack of support for the intervention from the Service. Currently, there is a lot happening in the Fire Service in general, which has led to a drop in staffs' motivation to participate in the intervention work. Staff support is available from other colleagues, and there is a counselling service available across the whole Service.

Staff delivering the intervention receive a 1-day training course delivered by Andrew Muckley, covering an introduction to counselling and listening skills, identification of other problems, introduction to community fire safety, and an introduction to the equipment they can use in the intervention. This training was perceived as good and well delivered. After completing training, staff shadow an experienced member of staff before working on their own. However, there was a perception that more training was required for staff, with booster sessions needed to maintain skills and ensure motivation is kept at high levels. The Fire Officer who manages the intervention had not participated in the full training, although he had attended parts of it so is aware of what is expected of staff who deliver the intervention.

Staff delivering the intervention are currently required to serve a probationary period, although it is thought that this will probably change in the future. The favoured model for probation would be based on number of interventions delivered, rather than a set time period. It was also commented that there should be nationally recognised or approved training criteria for delivering interventions, which could be provided through the Fire Service College. Alternatively, national fire safety could produce a set of criteria allowing Services to develop their own accredited training courses.

Communication

The quality of communication between staff about the arson intervention is mixed, which is partly due to the geographical size of the county. Although email and telephone are used, it was commented that these are no substitute for speaking face-to-face. At a Divisional level, meetings are held when they are required, rather than on a regular basis. This is partly perceived to be due to the fact that if too many problems are raised, there may be pressure to shut down the intervention. There is contact with other Fire and Rescue Services in the South West (Gloucester, Avon, Devon, Cornwall, Somerset, Wiltshire, and Dorset) through a 'Young Persons' Group' in which information are exchanged. However, it was commented that nothing is received in the area of interventions from the Fire Safety Centre or the ODPM.

Accommodation

The intervention is typically delivered at the participant's home, although if necessary a room could be used at the Fire Station or the local YOT. Although this is usually adequate, there can be problems at Fire Stations if there are not private rooms. Child protection issues also need to be taken into account, as Fire Officers cannot be in a room alone with a child. It is also not always appropriate for parents to be in the room during delivery of the intervention, therefore a waiting room is required for them at the Fire Station.

Partnerships

The intervention is not run specifically with other agencies, although referrals are received from a range of external organisations. Contact with referring agencies is typically through informal meetings to share information. It was felt that this level of contact could usefully be increased to improve understanding of different organisations' roles. Exchange of information between different organisations was highlighted as an issue that could be improved. There was also a perception that a lot of organisations get a free service from the Fire and Rescue Service providing intervention programmes, with little realisation or appreciation that these have cost implications for the Fire and Rescue Service.

Resources

Little information was available as to the costs involved in the development and implementation of the intervention. However, it would be possible to provide figures for costs such as training, printing and travelling.

Summary

Overall, it was felt that the intervention was running well, with good feedback being received from the participants. The enthusiasm of the staff involved in running the intervention was seen as crucial in the success of the programme. The problems highlighted in the development and implementation of the intervention were the exchange of information between organisations, finding the time to dedicate to the interventions, and getting the senior management to fully appreciate the work being undertaken. Despite these problems, however, staff were enjoying their involvement in the interventions, and found it extremely rewarding.

Shropshire Fire and Rescue Service

Brief CV Details of Interviewees

Three interviews were carried out with staff from Shropshire Fire and Rescue Service. These were an Assistant Divisional Officer/Head of Community Fire Safety, a Management Support Assistant/ Firesetter Advisor, and a Youth Officer. The interviewees had between 3 and 27.5 years' service. All of the interviewees had been involved in the arson interventions since they began, with the Assistant Divisional Officer working in his current post for 1 year in which he oversees the Department and interventions.

Development of the Intervention

A Juvenile Firesetters scheme was initially developed in 1994 and run by volunteers from within the Fire Service. This intervention was redesigned and re-launched in 2003 along with some new interventions that were developed in response to an identified arson problem in Shropshire. A professional youth worker was recruited in 2001 in conjunction with Shropshire YOT to act in an advisory capacity. As such, her first job was to audit all the initiatives that were currently taking place in Shropshire, so the next step in practice could be identified. This also coincided with the Crime and Disorder Act 1998 coming into effect, with the Fire Service needing to step up its services to deal with arson and firesetting.

After consultation with YOTs, the Probation Service, and other local agencies that might work with firesetters, the interventions were officially launched in February 2003. The design of the interventions included work with Andrew Muckley, and consideration of child protection and data protection issues. There has been some evolution of the intervention over time, and it is based on flexible working systems to take into account the fact that no two cases are the same.

Intervention: Group Profile

Interventions are delivered to children and adolescents, with participants typically being white males. Referrals for young children are typically made by parents or social workers and a home visit takes place by 2 Firesetter Advisors. Adolescents can be referred and treated in this way, with other adolescent referrals being made by YOTs. Referrals from YOTs are usually dealt with in small groups of 4/5 participants by 2 Firesetter Advisors.

Intervention: Content

The interventions take an educational approach, covering facts about fire and its consequences, general fire safety, and victim awareness. A range of materials is used, including videos, brain storming sessions, games, and making collages and posters. Documentation of the interventions is available.

Intervention: Material

The material is perceived to be sufficient to run the interventions, although it was commented that more modern and British material would be useful, particularly with respect to videos. It was also noted that it could be beneficial to have booklets for participants to take home and refer to after completion of the intervention.

Intervention: Dosage and Delivery

The Juvenile Intervention Scheme Level 1 for young children consist of a one-off home visit, with a follow-up call made a few weeks later. If there are concerns that result in a second visit an assessment based on Andrew Muckley's work is carried out and a referral will be made to Social Services about concerns raised. The anti-arson intervention for YOT-referred adolescents is the Juvenile Intervention Scheme Level 2, and consists of six sessions that are delivered on a weekly basis. There is also a vehicle crime intervention dealing with arson that is one session at Level 1 and four sessions at Level 2. Interventions are run on demand, although for the group interventions the preference is to wait until there are 4/5 participants.

Intervention: Referral and Targeting

To date about 160 referrals have been received to the interventions. These referrals are made by parents, Social Service, YOTs, and the Probation Service. Referral sources are perceived to be well informed, and although the interventions are not advertised there was a public launch to all relevant organisations.

Integrity and Monitoring Arrangements

No measures are in place to ensure programme integrity, although procedures are in place to evaluate each session with written feedback sought from the participant and the attending YOT member of staff. The Youth Officer also carries out spot checks on the arson and vehicle crime sessions. There is no formal needs assessment of participants, although all YOT referred young people will have had an ASSET form completed. The Muckley assessment questionnaire is also used for a number of participants to get some background information about the young person and their firesetting behaviours. Some procedures exist for monitoring and evaluating the interventions, with session evaluation forms collated and reports written on the participants after completion of the interventions. The Youth Offending Teams also provide the Fire Service with aggregate data about whether the young person satisfactorily completes their order and any arson-related re-offending.

Staffing

There are 16 Firesetter Advisors who deliver the interventions, plus one Youth Officer and one Administrative Officer. All advisors are employed on a separate contract and work on an hourly basis. While the number of staff is adequate, it was commented that there was a need for more staff who are female and from ethnic minorities. Senior management and administrative support were perceived to be good, and staff are well supported in terms of their personal needs with critical incident debriefing team and an occupational health advisor scheme available. Written job descriptions exist for all grades of staff working on the interventions, outlining duties, tasks, activities, responsibilities, and pay scale, along with a person specification for recruitment purposes.

Staff motivation is high, which is likely to be a function of self-selection to be an advisor. While there is no probationary period for staff, the training period is seen as a 'selection period' during which staff may 'de-select' themselves. The advisors' training took place over 2 months prior to the launch of the intervention, and ongoing training into issues such as child protection has continued. The training was perceived to be excellent and of a high quality, with plenty of paperwork to keep and use for reference.

Communication

Communication is perceived to be good at all staff levels, with regular individual and team briefs. The Assistant Divisional Officer is kept informed from a strategic point of view and an Annual Report is produced.

Accommodation

Home visits are conducted in children's home, and the group interventions are delivered at YOT offices. This accommodation is perceived to be adequate, with transport for the participants arranged by the YOTs.

Partnerships

The home visits are not run in partnership with any other organisations. The group interventions are run in partnership with YOTs, and a good working relationship has been established. The YOTs organise the referrals, participants, paperwork, and transport, whilst the Fire and Rescue Service provide and deliver the intervention. Other organisations have been harder to establish working relationships with, particularly education services. Written Service Level agreements exist with the Youth Offending Teams for the Vehicle Crime and Arson Intervention, along with a document outlining the Fire Service's Child Protection Policy.

Resources

In 2003, the interventions cost £4,500, although it is anticipated this will be greater in 2004 due to increased advertising costs. Further, if referrals increase more advisors will be required, leading to a rise in wages and training costs.

Summary

Overall, the interventions are perceived to be effective, and to be a good example of interacting positively with organisations that are now statutory partners of the Fire and Rescue Service. The biggest problem noted was communicating about the interventions to other organisations, as the high turnover of staff in these organisations makes it a continual process. It was commented that it has been a steep learning curve for all involved and challenging, but that it is enjoyable. It was also commented that while it is not a cheap initiative, the figures show it is working well.

Tyne and Wear Fire and Rescue Service

Brief CV Details of Interviewees

Three interviews were carried out with Fire Officers working for Tyne and Wear Fire and Rescue Service; the Deputy Chief Officer with reference for Community Safety, a Divisional Officer, and a Sub-officer. These three staff had 12–40 years of experience in Fire Services in the North East of England. The Deputy Chief Officer had been involved with the arson interventions from their initial development in the mid 1990s, while the other two interviewees had become involved later in the implementation.

Development of the Intervention

In the early 1990s Tyne and Wear was perceived to have one of the worst arson records in Europe, leading to a need to address this issue. A Juvenile Firesetters intervention was established in 1994, with an Arson Task Force being set up in Sunderland in the late 1990s. More recently a joint initiative with Northumbria Police has led to joint working in five Arson Task Forces in the area. The work with firesetters and arsonists was initially developed by the Deputy Chief in his previous post, along with the then Assistant Chief Constable of Northumbria Police. An American model known as the Phoenix Project was adapted, whereby a three pronged attack is made upon the problem of arson; prevention (e.g., removal of rubbish), education, and investigation to reduce arson. Links with other agencies were sought from the start, and the Fire and Rescue Service were proactive in joining arson to other related issues (e.g., environmental health, housing). The Arson Task Force also employed a Research Co-ordinator who had a degree in psychology, bringing something new to the Fire and Rescue Service approach. Although initial funding for the Phoenix Project was for 2 years, a huge impact was noted in official figures after 1 year.

Intervention: Group Profile

Tyne and Wear Fire and Rescue Service are involved in four interventions, which are targeted at different groups. The Juvenile Firesetters intervention is primarily aimed at young children who play with fire and attempts to prevent these behaviours through educating them and their parents. The Young Firefighters programme is aimed at 13–16 year olds, who are typically at risk of exclusion from schools due to their antisocial behaviour, including firesetting. This intervention is delivered to mixed-gender groups, and currently there are plans to extend this programme throughout the area, including setting a group up in consultation with the Muslim community.

The Phoenix Project targets a similar age range to the Young Firefighters programme, but is delivered to separate gender groups. Participants are typically arson offenders, or those who are deemed 'at-risk' of offending with fire. Finally, the Fire and Rescue Service works with the Prince's Trust delivering part of a larger programme. This programme targets male and female 16–25 year olds, the majority of whom are unemployed. Participants are not necessarily offenders, although many have a history of criminal behaviour and drug use.

The Juvenile Firesetters is delivered as a 2:1 intervention, with one male and one female member of staff conducting a home visit to the child. A written Child Protection policy is in place to ensure that this is adhered to. The other interventions are group based, with 2–3 staff per 12 participants. Very low drop-out rates were reported, with participants on the Phoenix Project and Young Firesetters programme often volunteering to come back and help with groups once they reach the maximum age.

Intervention: Content

The approach taken by the interventions is typically an educational one in order to change children's and adolescents' firesetting behaviours. The Phoenix Project and Prince's Trust also aim to improve participant's employability and understanding of the community, and improve the lifestyle of offenders and young people.

A range of topics is covered in the interventions. The Juvenile Firesetters intervention covers educational material about fire safety and the consequences of fire that is delivered to the child and parents. The Young Firefighters aims to educate participants in fire safety and to contribute to their local community. Participants on the Phoenix Project learn about the fire kit and engines, in a vocational and physical style, with sessions following a simple manual. The Prince's Trust programme is a fully manualised intervention that covers material to help participants become useful members of their local community, with the Fire and Rescue Service being contracted to deliver specific aspects.

Intervention: Material

The material used on the intervention is of an educational nature, including photos, videos, and workbooks. The Phoenix Project involves a lot of physical involvement, with none of the interventions having a lot of classroom work. Staff perceive the material to be clear and comprehensive, although it was commented that more could be done to address the issue of vehicle arson and fireworks if more resources were available.

Intervention: Dosage and Delivery

The Juvenile Firesetters programme does not have a fixed length, although it typically consists of three × 40-minute visits to the child's home. If firesetting behaviour continues after this time, a referral is made to a professional. The Young Firefighters intervention meets once a week for 3.5–4 hours, with adolescents attending for as long as they want. By contrast, the Phoenix Project is a 5-day block of disciplined work, with attendance required from 9am–5pm. The Prince's Trust programme is a 12–14 week

intervention; with the first week spent in the Lake District too learn about team building. This is followed by placements in local businesses, and participants also adopt a local charity for which they raise funds and take part in a community challenge, such as cleaning and painting an area.. The dosage and intensity of the interventions are perceived to be appropriate, with professionals consulted on this aspect during their development. Delivery style is varied as required in order to meet the differing needs of participants.

Intervention: Referral and Targeting

No figures were given as to the number of referrals, although all interviewees stated that the Phoenix Project and Young Firefighters were over-subscribed. Referrals come from a range of sources, including Youth Offending Teams, Social Services, educational service, parents, and the Probation Service. Occasionally the Fire Service will be proactive in seeking out a known firesetter to engage them in an intervention.

The interventions are advertised to the local referral agencies to promote the Fire and Rescue Services' work and help ensure appropriate referrals are received. In turn referral agencies are perceived to be informed about the interventions and to hold them in high regard.

Integrity and Monitoring Arrangements

No measures are in place to ensure programme integrity, with few consistent monitoring practices existing across the four programmes. Participants in the Phoenix Project are followed up by the YOTs, who also take care of the monitoring arrangements. The Prince's Trust also has some form of assessments pre-course to assess the academic ability of participants. Participants are also followed-up for 6 months to ascertain whether they enter education or employment. The Phoenix Project has recently been the subject of a descriptive review by the Fire and Rescue Service, whilst the Fire and Rescue Service's educational sessions with schools have recently undergone a descriptive, qualitative evaluation by Crime Concern.

Staffing

The Arson Task Force comprises 19 staff, with staff being stretched across a variety of tasks. The staff group consists of staff from a range of grades in the Fire and Rescue Service. Staffing is perceived as being adequate at the moment, although the aim is to have a Young Firefighters scheme at every station in Tyne and Wear Fire and Rescue Service in the next 10 years. Management support is perceived to generally fine, particularly since a slight restructuring in April 2004.

Staff are recruited both internally and externally to the Fire and Rescue Service. The main issue with staffing was that due to the nature of the funding, many posts are short-term contracts, which can affect staff morale and motivation. A number of staff support systems are in place, including a trauma counselling service, occupational psychologist, and a system called Safe Call for staff who feel things are getting on top of them.

Staff receive training as is appropriate for their roles, with the best available courses utilised. The training for the Juvenile Firesetters staff is based on Andrew Muckley's principles, and those working on the Prince's Trust programme are required to attend a week's residential course. All Arson Task Force staff are provided with fire investigation training. However, no specific training exists for staff working on the Young Firefighters intervention or the Phoenix Project. The training that is provided is perceived to be good and appropriate, with all staff asked to identify their own training needs at a regular meeting with their line manager. All staff working on the interventions are required to serve an initial 6-month probationary period.

Communication

The Deputy Chief Officer receives regular progress reports from all the interventions. Regular meetings of staff are held to prevent fragmentation of the group. Access and communication with other members of staff is perceived to be good, and occurs both formally and informally. The Divisional Officer is also kept informed of the interventions. The Arson Task Force is also in communication with a number of other Arson Task Forces around the country to stay aware of other approaches being utilised and their success.

Accommodation

The Juvenile Firesetters programme is delivered in the child's home through visits by Fire Service personnel. The Young Firefighters and Phoenix Project take place in Fire Service offices in rooms designed for such activities. This accommodation is appropriate and available whenever it is required. The Fire Service is also currently building 6 new community fire stations as part of the authority's commitment to community safety. One issue that has arisen is that the Prince's Trust do not like sharing premises with other organisations, leading to this intervention being delivered in portacabins, something that limits the size of the group to 12, rather than the preferred fifteen participants.

Partnerships

The Fire and Rescue Service works in partnership with a large number of organisations in the Tyne and Wear area. A recent audit commission report estimated links existed on some level with over 100 local organisations. Major partnership agencies, however, are the local Youth Offending Teams, Newcastle City Council, Northumbria Police, and the Prince's Trust. It was commented that successful partnership working has been essential in getting the community safety message across to the local community.

Resources

The Deputy Chief Officer has knowledge of the costs involved in developing and implementing the interventions, with this being part of his job. The current year's funding for the Arson Task Force is about £250,000, a figure that is matched by contributions from Tyne and Wear Fire and Rescue Service and Northumbria Police, giving a total budget of £500,000. The same figure is expected to be available in the next financial year, with income also generated from the Prince's Trust.

Summary

Overall, the interventions are perceived to be effective, with the commitment of the Fire and Rescue Service and its staff being seen as essential to this. The biggest problem identified is the short-term nature of funding, and the effect this can have on staff morale on short-term contracts.

Fire Services and Youth Offending Teams

Greater Manchester Fire and Rescue Service and Salford Youth Offending Team

Brief CV Details of Interviewees

Three interviews were carried out with Fire Officers working for Greater Manchester Fire and Rescue Service, a Divisional Officer, Sub-officer/Watch Manager, and a Lead Firefighter. These three staff had over 13–30 years of experience each, with two interviewees who had worked for Greater Manchester Fire Service throughout their whole career. The Divisional Officer had been involved with the interventions for 7 years, the Sub-Officer for 3 years, and the Lead Firefighter for 6 years. The Divisional Officer manages the interventions with the help of his Assistant Divisional Officer, the Sub-Officer has a mainly administrative role to maintain an audit trail of work on the interventions, and the Lead Firefighter delivers a number of the interventions in a range of organisations, including local YOTs, high schools, and two prisons. A further interview was carried out with a Manager of Salford Youth Offending Team. He had worked in the YOT for 5 years, 18 months-2 years' of which had included working on the interventions.

Development of the Intervention

The Greater Manchester Fire and Rescue Service runs three interventions; the Arson Programme for serious arson with a possibility of a custodial sentence for 14–17 year olds, the Fire And Community Education Plus (FACE+) scheme for 10–18 year olds, and the Fire And Community Education (FACE) scheme for 3–11 year olds.

The Arson Programme was developed first in 1995, in conjunction with the Greater Manchester Youth Justice Trust. In 1997, the FACE scheme was bought in Merseyside Fire and Rescue Service, and then in 1999 FACE+ was developed with the local YOTs as a response to the Crime and Disorder Act 1998 giving Fire Service's an obligation to provide fire education to children 10 years and over who had committed a fire-related offence. The Arson Programme and FACE were implemented by the previous Assistant Divisional Officer, and FACE+ was overseen by the Divisional Officer interviewed.

None of the interventions were developed based on theoretical models, although the FACE scheme taken straight from Merseyside. Input has been received from the YOTs for the FACE+ scheme and Arson Programme, but it appeared that personal experiences about what seems to work and feedback from the interventions programmes have been used to develop the interventions into their current format.

During the development phase there was plenty of consultation both within the Fire and Rescue Service and between the Fire Service and YOTs, at both a formal and informal level. This was perceived to be helpful, allowing the staff to learn from each other, and develop new skills to share with each other.

Intervention: Group Profile

The FACE scheme is targeted at young firesetters aged between 3–11 years, although it is typically delivered to 7–8 year old males. FACE+ was designed for young people aged 10–18 years who have been convicted of a fire-related offence, but not received a custodial sentence. The Arson Programme is targeted at young people aged 14–17 years who have been convicted of arson. Attendance at the FACE+ and the Arson Programme are predominately male and white. This profile of participants is not planned, but reflects the referrals received. All three interventions are delivered on a 1:1 basis, unless there is a group of individuals who have attended court at a similar time. In practice, however, this has very rarely occurred. Only a few drop-outs were reported, and FACE+ has had one breach when a participant committed another offence (but not a fire offence). All three programmes have a staff/participant ratio of 2:1, with FACE using two Fire Officers, and FACE+ and Arson using one Fire Officer and one member of the YOT staff.

Intervention: Content

An educational approach is used across all three interventions, as this is perceived to be the Fire and Rescue Service's area of expertise. The targets of the interventions are to raise awareness of the dangers and consequences of fire, and change participants' attitudes about engaging in firesetting behaviours. Material is delivered in sessions, and is tied into the Key Stages to ensure it is appropriate for the age of participants. A range of learning styles is used, with the emphasis being on active learning. Expertise on working with young offenders was sought from the YOTs, and this has been incorporated into the interventions. The content itself is covered in a variety of ways, including leaflets, posters, videos, flipcharts, PowerPoint presentations, homework, and information-gathering tasks. Parents' involvement is also encouraged in the FACE scheme to ensure lessons taught are maintained after the visit. Documentation of the interventions exists, but these are seen as providing guidelines for staff rather than explicit manuals for delivery of the interventions.

Intervention: Material

A range of material is used in the interventions, and an education expert has been brought in to verify its utility with the age range of children it is used with. As well as material from the FACE template from Merseyside and self-produced material, leaflets produced on a national scale by ODPM are also utilised. The issue of not having enough up-to-date material (video or pictures) on effects of fire was highlighted as being problematic. It was commented that it would be useful to have standardised intervention work across the country, rather than having each Fire Service working alone and re-inventing the same basic material in isolation.

Intervention: Dosage and Delivery

The FACE scheme is a one-off visit to the child's home of 1-hour duration with follow-up telephone calls made to parents. If necessary a second visit may be made, but in practice this has rarely been required. The FACE+ scheme ranges between 3–8 sessions of 1.5–2 hours, depending on the offence committed and guidance provided by the YOT. Finally, the Arson Programme comprises 13 weekly, 2-hour sessions for all participants. The dosage and intensity of the interventions are perceived to be appropriate for the participants. Visits for the FACE scheme typically take place in the evening or other out of school hours, whereas FACE+ and the Arson Programme are both delivered in the evening as some youths are in full-time employment.

The delivery is perceived to be flexible, with staff tailoring programme material to the learning ability of participants. All programme material is linked to Key Stages, and if appropriate staff can adapt material to present it at a lower stage. Particularly for young children participating in FACE, staff speak with parents first to ascertain the level at which material should be pitched.

Intervention: Referral and Targeting

Since it was implemented in 1997, the FACE scheme has had about 1,400 referrals, which are generated on a voluntary basis. FACE+ has received around 200 referrals since being implemented in 1999, of which some are voluntary and others are compulsory. Finally, the Arson Programme has received 70–80 referrals since 1995 since start, with these being voluntary for referral orders and compulsory for other offenders. Referrals are made by a range of sources, including YOTs, Social Services, courts, psychologists, doctors, schools, and parents.

The number of referrals is perceived as manageable, and depends on about supply and demand. The interventions are not advertised as this would lead to too many referrals particularly for FACE, many of which would probably not be appropriate. Instead there are leaflets that are distributed to appropriate people and organisations, and Social Services, local hospitals (including burns units), psychologists, YOTs all know about the provision.

Following the Merseyside model of FACE, the Fire and Rescue Service has a list of questions that is asked about all referrals to the interventions. This ensures important information that might not be seen as such by other agencies is available before a final decision is made about selection a young person. For FACE+ and the Arson Programme the Pre-Sentence Report is also made available. Further, the YOTs complete an ASSET assessment on all young people who are on final warnings or are subject to pre-sentence reports and court proceedings. No specific selection criteria exist for the interventions, although for the FACE+ scheme and Arson Programme participants must admit their guilt. It was perceived that those people who make referrals know the programme well, although the turnover of staff in external organisations can be problematic, and is particularly the case with YOT staff. One problem noted was when young people breach their court order to attend the programme, as very little power exists to get that person back into the programme.

Integrity and Monitoring Arrangements

There are no measures in place to ensure programme integrity. Quality control is monitored through follow-up contact with parents, feedback from offender about interventions. Information fed back to team if and when necessary, taking account of feedback from YOTs.

There are no formal needs assessments for the interventions, the Fire and Rescue Service simply ask the referring organisations what they want and tailor their response to them. Some records are kept about programme participants, so if young people are referred again it is possible to look at what previous intervention work was carried out. The Fire and Rescue Service has an evaluation form recording how children perform on the FACE scheme, while the YOTs have evaluation forms for the FACE+ scheme and Arson Programme that is shared with the Fire and Rescue Service. These monitoring procedures and the information they generate are perceived as useful.

Staffing

The interventions are delivered by 70–80 volunteers from the Fire and Rescue Service. It was felt that more volunteers would be ideal, although there are times when referrals are low and trained tutors are not able to get practical experience. Recruitment takes place through an informal call for volunteers, who are then trained to deliver the interventions. No specific selection criteria are used, with anyone being able to volunteer. Tutors also have the choice to stop working on the interventions if they wish. Although no formal support network exists for tutors, it was perceived that support existed among the officers. Confidential counselling is available as a back-up service for anyone who wishes to utilise it, although this is not specific to officers working on the interventions.

The training course for each intervention is 3 days, with officers participating in the FACE training first. After 12–18 months' experience delivering this programme, the opportunity is given to complete the FACE+ training. Finally, after experience has been gained delivering this programme, training may be undertaken for the Arson Programme. At the FACE+ and Arson Programme level, staff from the YOTs become involved in the training process as well. The training itself includes work with an educational expert and child psychologist, with a range of role-play exercises. The training was perceived to be good, with appropriate support offered post-training. Newly trained volunteers work with an experienced colleague until it is felt they are competent to work alone.

Communication

Communication within the Fire and Rescue Service and between the Fire and Rescue Service and the YOTs is perceived as good. Formal meetings are regularly held which all parties attend. Access to other members of staff is adequate within the Fire and Rescue Service, and also across agencies.

Accommodation

The FACE programme is delivered in the child's home, with FACE+ and the Arson Programme delivered at YOT offices. These arrangements are perceived to be appropriate and suit the different age groups.

Partnerships

The Fire and Rescue Service works closely with the local Youth Offending Teams and Greater Manchester Youth Justice Trust. These links are perceived to work well, although the high turnover of staff with the YOTs was highlighted as problematic. Contact with staff from YOTs and the Youth Justice Board occurs through regular meetings and staff training events.

Resources

Little information was available regarding the costs involved in developing and implementing the interventions. It was commented that the cost of producing the intervention packages was takes a substantial proportion of resources.

Summary

Overall, it was felt that the interventions were working well. This was attributed to the staff running the programmes and their enthusiasm. It was also perceived that the correct client group were being targeted, and the content and delivery style of the interventions were appropriate. The use of volunteers to deliver the interventions was highlighted as a potential problem area, as it can lead to a shortfall of people to deliver programmes. Although the new legislation may provide facilities to pay people for this work in future, concerns were raised about whether people would choose to deliver the programmes for the right reasons. Staff reported enjoying their involvement with the interventions, finding the work rewarding despite the sometimes hectic nature.

Staffordshire Fire and Rescue Service and Staffordshire Youth Offending Team

Brief CV Details of Interviewees

Three interviews were carried out with Fire Officers from Staffordshire Fire and Rescue Service. These included a Temporary Station Officer/Watch Manager, and an Arson Reduction and Youth Intervention Officer. These officers had between 8 and 34 years' service with Staffordshire Fire Service, with involvement in the interventions ranging from 1 year to 12 years. A further interview was carried out with a Partnership Officer from Staffordshire Youth Offending Team who had been involved with one of the interventions since the start of 2003.

Development of the Intervention

Staffordshire Fire and Rescue Service has two main interventions: "*Fire Safe*" for young children who play with fire and "*Xtinguish*" for adolescents who have been convicted of

arson. An annual Fire Safety Youth Challenge is also run, along with educational visits to schools as required.

“Fire Safe” was developed in 1992 as a response to a high number of incidents where young children were getting hurt as a result of playing with matches or fire. Senior management wanted to take a pro-active approach to reduce this problem and contacted Andrew Muckley for some input and training. The *“Xtinguish”* intervention has been running since January 2004 to provide an intervention with adolescents who have committed an arson offence and have been before the local Youth Justice Panel. Advice for this intervention was sought from the Cognitive Centre Foundation (CCF) in Wales, with the intervention being based on an intervention had developed in conjunction with Derbyshire Fire and Rescue Service. In partnership with the Youth Offending Service in Staffordshire and Stoke-on-Trent and the Neighbourhood Management Pathfinder Initiative (NMI) in Newcastle, a pilot intervention was funded. The *“Xtinguish”* intervention involved consultation between key contacts in the Fire and Rescue Service and the partnership agencies throughout 2003, although this was restricted to those people involved on a day-to-day basis rather than a continual briefing of senior management within the Fire and Rescue Service.

Intervention: Group Profile

“Fire Safe” is run with young children between 5–13 years old, who play with fire and/or matches. It is run on a 2:1 basis, with two staff for each child. Parents are also present during the session. Extinguish targets adolescents aged 10–17 years old who have been convicted of an arson offence and have been before a Youth Justice Panel, with the majority of participants being 14/15 year old males. The intervention is delivered on a 1:1 basis, with the young person’s Youth Worker or Case Holder also required to be present. There is a low drop-out rate, and where participants have dropped out of Extinguish it is typically occurred due to their Referral Order finishing before the end of the course, meaning there is no compulsion to attend the sessions.

Intervention: Content

“Fire Safe” uses an educational approach, with the aim of stopping firesetting. As such, it covers general fire safety information for the child and his/her parents, whilst making this relevant to the specific behaviours exhibited by the child.

“Xtinguish” takes a more cognitive-behavioural approach in that it aims to address participant’s cognitive deficits and change their attitudes and behaviours with respect to arson. Topics covered within the intervention include life tools and strategies to help the young person, alternative behaviours to arson, consequential thinking, as well as education about fire and its consequences.

In order to engage participants neither intervention contains much written work. Instead an emphasis is placed on interactive, active learning styles. This is achieved through the use of videos, thinking skills, games, training aids, and cartooning. The *“Xtinguish”* programme is documented session-by-session, including feedback forms after each one.

Intervention: Material

The material is perceived as sufficient to run the interventions, although it was acknowledged that there is always room for improvement and different ways of getting the message across to participants. It was commented that it would be good to expand the material in the “*Xtinguish*” intervention to other offences committed by the same age group, such as car theft, as the general model of “*Xtinguish*” was perceived to be versatile enough to apply to other offences.

Intervention: Dosage and Delivery

“*Fire Safe*” is delivered in one visit lasting 30–45 minutes by two staff, one female and one male. Contact is made with the parent six weeks later to check on the child’s progress. The “*Xtinguish*” intervention comprises 10 × 1.5 hour sessions, which are delivered once a week. These are preceded by an informal session outlining the intervention and allowing the participant to get to know the person delivering the intervention. Not all participants receive all ten sessions, with decisions about which sessions are delivered being made by the “*Xtinguish*” Co-ordinator in consultation with the referring YOT. Both interventions are run at the discretion of the Fire and Rescue Service.

The delivery of intervention is not specifically adapted for different participants, although deliverers do try to ensure material is targeted at the participant’s learning level. There was awareness that changing the “*Xtinguish*” sessions too much could compromise the intervention as it would not be delivered as intended.

Intervention: Referral and Targeting

“*Fire Safe*” receives the majority of its referrals from parent and teachers. For the “*Xtinguish*” intervention the YOT contacts the Fire Service to make referrals. So far in 2004, Extinguish has received 18 referrals, with a target of 70. For 2005 the target figure is 80 referrals, increasing to 90 in 2006. It was acknowledged that to achieve these figures potential referral agencies needed to have more information about the intervention.

Before a referral is accepted for the “*Xtinguish*” intervention, a risk assessment is required. This is seen as essential to protect both staff and the young person. Neither intervention has specific selection criteria, with the intervention co-ordinator making decisions whether to accept referrals.

Integrity and Monitoring Arrangements

No measures are in place to ensure programme intervention for either intervention. However, for Extinguish there is always a YOT worker present during the sessions. This person can report back to the “*Xtinguish*” Co-ordinator if any problems should occur in the session, and if these concern the Fire and Rescue Service staff or the delivery of the intervention, the Co-ordinator is responsible for solving the problem.

No formal needs assessments are completed prior to the interventions, although “*Xtinguish*” referrals are required to undergo a risk assessment. In terms of monitoring

procedures, the Fire and Rescue Service and YOTs each hold a database of young people who have been referred to and completed “*Xtinguish*”, although there is no established sharing of information.

Neither “*Fire Safe*” nor “*Xtinguish*” have been formally evaluated as to their effectiveness, beyond knowing whether participants are re-referred to the intervention at a later date. However, the YOTs are currently setting up procedures to examine re-offending rates, and intend to follow-up participants for 12–18 months after completion of the “*Xtinguish*” programme. It was acknowledged that the monitoring and evaluation procedures required improvement.

Staffing

“*Fire Safe*” is staffed by about 40 volunteer Fire and Rescue Service staff, who complete the home visits during their off duty periods. Staff working on the “*Xtinguish*” intervention get paid for their work, and 34 staff are currently trained as deliverers. These staffing levels are perceived to be adequate at the moment, although the YOT Partnership Officer noted more trained staff would help in providing a mentoring role for others. The level of administrative support was perceived to be low, with requests currently being made to management for a dedicated post to help reduce this problem. Staff recruitment has not been a problem, with motivation levels being high. Support procedures are in place for staff working on the interventions, allowing them to be counselled if required.

Staff running the “*Fire Safe*” intervention received their initial training from the late Andrew Muckley and this training was well received. The Cognitive Centre Foundation in Cardiff provides training for the “*Xtinguish*” intervention.

Communication

Communication was perceived to be good across both the interventions, with regular meetings of staff in the intervention teams. Access to other members of staff within the Fire and Rescue Service was also perceived to be good, as was access and communication across the different organisations involved.

Accommodation

“*Fire Safe*” is typically delivered at the child’s home. The “*Xtinguish*” sessions are delivered at a fire station close the participant’s home. While the fire station rooms is perceived to adequate, as they are not always available when required a move is being considered to use external buildings, such as Council buildings. Transport to the intervention sessions is always provided for “*Xtinguish*” participants, with the Case Holder or Youth Worker bringing the young person to the session.

Partnerships

“*Fire Safe*” is not run in conjunction with any other agencies. For “*Xtinguish*” the two main partnership agencies are Stoke-on-Trent and Staffordshire YOTs. Although there were some initial problems, partnership working is good with both organisations.

Service level agreements have been set up between the Fire and Rescue Service and the YOTs, which stipulate quarterly meetings between organisations.

Resources

No information was available about the costs associated with “*Fire Safe*”. For the “*Xtinguish*” information, the initial training cost £15,000; the pilot cost £3,000; and wages over 3 years will cost £9,000. There are also the costs of paperwork and documentation for which no information was available. Further, it was commented that the intervention had cost more than had initially been anticipated.

Summary

Overall, both interventions were perceived to be effective, with no major problems arising. The largest problem faced was with participants on the Extinguish intervention not being able to attend sessions due to no fault of their own. Staff working on both interventions felt that although the work could be challenging, it was rewarding and they were enjoying their involvement.

West Yorkshire Fire and Rescue Service and Leeds Youth Offending Team

Brief CV Details of Interviewees

Three interviews were carried out with Fire Officers from West Yorkshire Fire and Rescue Service. These included a Divisional Officer, a Station Officer, and a Leading Firefighter, all from the Community Fire Safety Department. All these officers had spent their careers working for West Yorkshire Fire and Rescue Service, with between 24.5 and 30 years’ service. Two of the officers have been involved in the arson interventions since they had begun in 1996, whilst the Divisional Officer has been in his current post for one year, and oversees the Department. A further interview was carried out with a Restorative Justice Co-ordinator from Leeds Youth Offending Team who had been involved with the intervention for about 18 months.

Development of the Intervention

Initially an intervention for young firesetters was developed in 1996, with a second intervention aimed at arson as a by-product of car crime being developed in 1998/99. The arson/car crime intervention was developed as a result of the Crime and Disorder Act 1998 and the fact that a lot of the Fire and Rescue Service’s time is taken up with car crime and cars burnt-out to avoid detection after joyriding.

The interventions have been developed in conjunction with the local YOTs, with the Fire and Rescue Service taking the lead. The skills of both organisations are seen as important, as the Fire and Rescue Service have knowledge about fire, whereas the YOTs are better at challenging offending behaviour. The content of the intervention is not based on any theoretical model or research, but on personal ideas about what is thought to be important to reduce firesetting behaviour. Ideas have been drawn from the YOTs, plus the Leading Firefighter involved has studied psychology, something he

feels has proved useful. The intervention continues to evolve over time, through an informal process of discussing what seems to be working well or not working so well.

The team are typically left to get on with their jobs, with little consultation with senior management within the Fire and Rescue Service. Consultation with the YOTs has been informal and there have been open channels of communication with other agencies, such as schools and local prisons.

The Divisional Officer commented that ideally there would be a national approach to working with arsonists, rather than each Fire and Rescue Service working individually, but developing similar work. He also noted that the skills that many Fire Officers had acquired over a number of years of this type of work would not be recognised in the new pay grading structure for staff, something that could prove problematic in the future.

Intervention: Group Profile

The participants in the interventions are typically young, white males who have committed an arson offence, are deemed 'at-risk' for committing arson, or are excluded from school. Links have also been built with local prisons (adult and young offenders). Where interventions are delivered in groups, it is felt that the composition of individuals is appropriate.

The firesetting intervention is typically run on a 1:1 basis, while the arson/car crime intervention is a group-work programme unless an individual is not deemed to be suitable for group-work. Groups for the arson/car crime intervention usually have ten participants, although eight people typically attend. The issue of participants dropping out or not attending sessions was highlighted, as even when children are on a court order to attend the group, they know nothing will happen if they do not complete the course.

Each group is delivered by three or four staff, comprising two Fire Officers and one or two staff from the YOT. This is to allow for disruptive participants to be dealt with away from the group if necessary, and is a ratio that works well.

Intervention: Content

The interventions are mainly educational in approach, although there are elements of cognitive-behavioural principles in the attempts to challenge attitudes to change behaviour. It was commented that as Fire Officers, educational work is all that they are qualified to do. One fire officer has a counselling qualification as he thought it would help his work, but he would always refer individuals on to appropriate agencies if this were required.

The interventions aim to educate participants about the dangers and consequences of fire, fire safety, and for the arson/car crime intervention there is a session on safe driving. The Youth Offending Team incorporate an element of victim awareness and restorative work, attempt to raise awareness that Fire and Rescue Service personnel risk their lives in their jobs, and so can be unintended victims of the participants'

firesetting. A range of learning styles are utilised, including oral discussions, videos, and interaction between the participants and staff. Homework is not given between sessions, as it is felt this would alienate the majority of participants and be counter-productive. Documentation of the two interventions is available, outlining the content of sessions.

Intervention: Material

The material was developed by the individuals who deliver the programme, and is perceived by them to be appropriate and sufficient.

Intervention: Dosage and Delivery

The arson/car crime intervention contains six sessions lasting one hour each, although two hours are scheduled to allow for delays. These are run on a weekly basis at a regular time. The firesetting intervention consists of 5 × 1 hour sessions. The key problem highlighted was the need not to take children out of school for sessions, meaning that sessions had to be delivered after school, often in the evening and weekends. Therefore, there is a reliance on the goodwill of Fire Officers to work at these times. Fewer problems are come across when interventions are delivered in prisons or secure settings, as these issues simply do not arise.

While the content of sessions remains the same for different participants, the staff may draw on different anecdotes to illustrate points. These decisions are at the discretion of the staff. The skills of the staff in working with anti-social young people was also seen as important, with these typically being developed on the job.

Intervention: Referral and Targeting

Referrals to the firesetting intervention are 100–150 per year, with 200 for the car crime/arson intervention. For the car crime/arson course, each year, the Fire Service agrees to provide four courses for each of the five areas in West Yorkshire. The number of referrals is fine for the staffing, although the geographical size of the Fire authority and the centralised nature of the interventions can lead to a lot of travelling for the Fire Officers.

The referrals are typically made by YOTs, schools, and prisons. No formal selection criteria exist, with informal discussions between the referral agency and Fire Service staff leading to a decision to take an individual on to a programme.

The Fire and Rescue Service staff regularly advertise the interventions at other organisations, including the local Youth Offending Teams, courts, schools, and prisons. Local child and adolescent unit, GPs, and Social Services are also aware of the interventions, and currently work is underway to build links with the local Probation Area. The turnover of staff within organisations means this is a continual process, as information about the interventions often is not passed on to new members of staff.

The level of information received on participants have improved over the years, as trust has been built up between the Fire and Rescue Service and other organisations. They

also attend the Multi-Agency Public Protection Arrangements (MAPPA) meetings, which helps with information sharing. Social Services were highlighted as one agency that was problematic, particularly relating to cases where sexual abuse was suspected.

Integrity and Monitoring Arrangements

No measures are in place to ensure programme integrity is maintained; indeed the concept itself was not familiar to staff.

There is also very little formal monitoring or evaluation of the interventions. This appears to be partly due to there not being a monitoring and evaluation culture, but also issues surrounding data protection and sharing of information with the YOTs. It was acknowledged, however, that these issues were important and needed to be addressed.

Staffing

The interventions are staffed by two dedicated Fire Officers, and a third member of staff who also has other duties. Staff from the YOTs also help with the delivery of programmes. This is seen as appropriate for the number of referrals, although it does not allow for further development work to take place. Management and administrative support were both perceived as being adequate.

To date staff recruitment has occurred from the officers working within the Community Fire Safety Department by the Station Officer who initially developed the programme. If new staff were to be recruited externally, the normal Fire and Rescue Service procedures would be followed. As the current staff have a choice about their involvement, motivation levels are high.

Although there is no formal training for Fire and Rescue Service staff running the interventions, staff are supported in their attendance at appropriate courses. In order to run the interventions, staff are trained on the job until they and their line manager feel they are competent to work alone. Youth Offending Team staff also receive no specific training, as they already have experience from their general YOT and Restorative Justice training. However, if new staff were to be recruited by the YOT, appropriate training would be provided.

Communication

Communication between members of staff within the Fire and Rescue Service was perceived as good, and was typically informal due to the small team of people. Access to senior management was perceived as good, as was the level of communication between staff within the Fire and Rescue Service. Within the Youth Offending Team, two of the staff working on the intervention share an office, which allows for good communication. Communication with the Fire and Rescue Service is typically via phone and email, and is perceived to be adequate and working well.

Accommodation

The interventions are delivered at the YOTs, with some firesetters work carried out in participant's homes. Interventions with prisoners are carried out in the prison itself as required, and presentations are also made at schools.

Partnerships

The interventions are run in partnership with a range of organisations; local YOTs, schools, community and youth services, and local prisons. While initially there were some problems due to organisational jargon and information sharing issues, these links now work well.

Resources

Information about the costs involved in the development and implementation of the interventions could be provided if necessary.

Summary

Overall, it was felt that the interventions are effective, something that is attributed to the dedication of the staff involved. The relationships with other organisations, style of delivery, staff/participant interactions, and referral systems were all highlighted as being aspects of the interventions. The reliance on external funding, being at the mercy of other organisations, data protection legislation, and the lack of a national framework for arson interventions were identified as problem areas. However, all staff have enjoyed their involvement in the interventions.

Appendix VII Review of interventions against CSAP accreditation criteria

Broadmoor Hospital

Model of change. The intervention was based on a review of the extant arson literature, but an explicit model of change is not outlined coherently in a Theory Manual. The model of change that underpins the intervention is a cognitive-behavioural model based on the literature on arson specifically and the clinical literature in general.

Selection of offenders. Selection criteria for the intervention are outlined as are the assessments used for this purpose. These include standardised psychometric measures and two fire-specific measures. No clear criteria exist, however, for the exclusion or de-selection of offenders from the intervention.

Target dynamic risk factors. The intervention has four key targets for change, which are outlined in the documentation, although it is not clear that these are empirically linked to a reduction in arson re-offending. Assessments are in place to assess some of these targets, with these being measured pre- and post-intervention.

Effective methods. The methods used in the intervention are drawn from the general clinical literature for changing behaviour using a cognitive-behavioural approach. However, it is not clear if these are based on empirical evidence for their effectiveness at reducing arson with mentally disordered offenders.

Skills oriented. The intervention aims to help offenders identify their own risk factors and situations, acquire new coping strategies, and includes relapse prevention work. As such, new skills for living a crime free life are taught, although there is no supporting evidence provided from the literature as to the effectiveness of this approach in reducing arson.

Dosage. The dosage of the interventions seems appropriate, with one \times 1.75 hours session for 27 weeks. This level of dosage matches the recommendations for dosage for general offending behaviour programmes, although its applicability for arson offenders with mental disorders is not proven.

Engagement and motivation of offenders. A range of learning styles are utilised throughout the intervention in order to keep the offenders motivated. Attendance and completion were monitored, and completion rates were high.

Continuity of services. Within Broadmoor Hospital the psychologist is part of a team deciding each patient's treatment, meaning the arson intervention is likely to be provided at an appropriate point during detention. Due to the maximum security setting, however, few participants leave, so no links exist for provision should participants move on to another service.

Ongoing monitoring. No formal measures are in place to ensure programme integrity, with it not being perceived as relevant in a hospital setting.

Ongoing evaluation. Patients are monitored on psychometric assessments and fire measures pre- and post-intervention. However, although 11 patients have completed the intervention, there are only three complete sets of assessments, so these procedures are not working to their optimum in practice. Formal feedback is also sought from the participants. There is no evaluation of the intervention with respect to reconviction, although the maximum setting makes this problematic as few patients are discharged to a setting in which firesetting behaviours could occur.

Manuals. There are no detailed manuals for the intervention, although a 4-page document exists outlining the evidence base, objectives, assessment methods, and programme sessions (content & therapeutic task). There is a standardised format for reporting the patient's participation in the intervention, a standardised pre-group interview schedule, offender feedback form, exercises from the intervention, and assessments carried out pre- and post-intervention.

St. Andrew's Hospital

Model of change. The intervention was based on a review of extant practice with psychiatric patients with learning disabilities and wider populations, and consultation with practitioners working with similar populations. However, an explicit model of change is not available in a Theory Manual. A cognitive-behavioural model of change is utilised based on the literature review and consultation with other practitioners.

Selection of offenders. No specific selection criteria exist, with referral being at the discretion of the clinical psychologist running the intervention. Some standardised psychometric measures have been adapted for use with the learning disabled participants in order to provide some assessment procedures.

Target dynamic risk factors. The intervention targets participant's risk factors and cognitive distortions about firesetting, although it is not clear whether these are based in empirical evidence in reducing re-offending.

Effective methods. The methods used within the intervention are cognitive-behavioural and drawn from the clinical literature and staff experiences working with learning disabled young people. However, it was not clear if these are specifically effective at reducing arson among young males with learning disabilities.

Skills oriented. The intervention includes work to help participants identify their own risk factors for firesetting and strategies to avoid relapse in the future. Therefore, skills

for living a crime-free life are taught, although the effectiveness of these strategies in reducing arson with this population is not empirically known.

Dosage. The dosage of the intervention appears to be appropriate with one × 1-hour session per week. The duration of the intervention was less clear, with it appearing that participants attended until discharged from the unit or the intervention ceased.

Engagement and motivation of offenders. A range of learning styles and materials are utilised during the intervention in order to maintain participants' engagement. Motivation to change is assessed prior to participation to identify problems that may occur.

Continuity of services. Within St. Andrew's Hospital the participants receive treatment from a range of disciplines that is co-ordinated by the clinical team. Therefore, work on arson takes place within this context. There was, however, no evidence of links existing with other organisations for when participants were discharged from the hospital.

Ongoing monitoring. No formal measures are in place to ensure programme integrity is maintained, with it being perceived as being a potential restraint on practice.

Ongoing evaluation. Some monitoring of participants occurs using standardised psychometric measures that have been adapted for learning disabled populations, as well as some attempts being made to monitor offence-paralleling behaviours. However, this has not been consistently implemented and no evaluation of the intervention has been completed.

Manuals. There are no detailed manuals for the intervention.

Devon Fire and Rescue Service

Model of change. The intervention is not based on a theoretical model of change, but on Andrew Muckley's work and Fire Officers' experience. An educational approach is used to teach young people about the dangers and consequences of fire.

Selection of offenders. No specific selection criteria exist for the intervention, although it is not aimed at those who have been convicted of a serious arson offence. Almost all referrals participate in the intervention. There are also no criteria for the exclusion or de-selection of participants.

Target dynamic risk factors. No specific targets are outlined, beyond educating participants about fire. Further, there are no measures in place to assess whether participants have changed after participating in the intervention.

Effective methods. The methods used in the intervention include those drawn from Andrew Muckley's work, a range of videos, colouring sheets, educational booklets, and discussion. These methods do not appear to be based on empirical evidence as to their effectiveness in reducing firesetting behaviour in children and adolescents. Not all materials are perceived to be appropriate for all participants.

Skills oriented. The intervention includes work on general fire safety that may improve participants' skills around fire. As such, this may reduce firesetting behaviour.

Dosage. The dosage of the intervention varies according to the participant, with the Fire Officer assigned to the case making the decision about how many sessions take place. Therefore, there are no procedures in place to standardise this process and it cannot be ascertained whether appropriate dosage is given to each participant.

Engagement and motivation of offenders. A range of learning styles are used during the intervention to maintain the engagement of the participant, although these are not based on empirical evidence. Instead the rapport built up between the Fire Officer and the participant is seen as crucial.

Continuity of services. The intervention is run by the Fire and Rescue Service alone, with participants not typically being referred on to further services.

Ongoing monitoring. There are no measures in place to ensure programme integrity.

Ongoing evaluation. No formal assessments are carried out on participants pre- and post-intervention, although all participants are interviewed before the intervention.

Manuals. No documentation exists for the intervention, although new staff are given a general training manual.

Shropshire Fire and Rescue Service

Model of change. The interventions are not based on a specific model of change drawn from the empirical literature on firesetters, but do draw upon the work of Andrew Muckley. An educational approach is used, teaching participants about fire and its consequences, general fire safety, and victim awareness.

Selection of offenders. There are no specific selection criteria for the interventions, although participants referred by the Youth Offending Service have their needs assessed using ASSET and Risk Matrix. No specific criteria exist for de-selection or exclusion of participants from the interventions.

Target dynamic risk factors. No specific targets are outlined for the interventions, beyond reducing and preventing future firesetting behaviours through education about fire and its consequences. Measures are in place, however, to assess participants after each session and to ascertain if the learning objectives of each session have been attained.

Effective methods. The methods used in the interventions include those drawn from Andrew Muckley's work, and cover a range of learning styles. However, there is no clear evidence that these methods are empirically known to be effective in reducing firesetting among children and adolescents.

Skills oriented. The emphasis of the interventions is educational material about fire and its consequences. Although no specific work is included on skills to help

participants reduce or avoid firesetting, participants' improved knowledge about fire safety may improve their skills with fire, which in turn could lead to a reduction in accidental firesetting incidents.

Dosage. The dosage of the each intervention is specified in the documentation, with those participants assessed as lower need receiving less dosage, which is in line with the need principle in the What Works literature. Whether the dosage is appropriate to reduce firesetting is not known.

Engagement and motivation of offenders. A range of learning styles is used to engage the participants.

Continuity of services. The interventions are run in partnership with the Youth Offending Service, with procedures in place to refer on to other services if required.

Ongoing monitoring. Although no formal measures are in place to ensure programme integrity, all sessions are attended by the participants' Youth Offending Service staff member who is required to fill in a feedback form after each session. This information is collated by the Youth Officer from the Fire and Rescue Service and any issues raised may be dealt with.

Ongoing evaluation. After each session participants and their Youth Offending Service staff member are required to complete an evaluation form. Data about participants' subsequent progress and re-offending are also supplied to the Fire and Rescue Service by the Youth Offending Service.

Manuals. Each intervention is documented with details of each session, and feedback forms for each session for the participant and Youth Offending Service staff. Job descriptions, Service Level agreements for the interventions, and the Fire and Rescue Service's Child Protection Policy Statement are also available.

Tyne and Wear Fire and Rescue Service

Model of change. The interventions are not based on a specific model of change drawn from the empirical literature on firesetters, but they do draw upon work with young firesetters by Fire Marshals in North America and Andrew Muckley's principles. An educational approach is used to teach children and young people about the dangers of firesetting, with the Phoenix Project and Prince's Trust work also aiming to impact on participant's employability and lifestyle choices.

Selection of offenders. Although there are no specific selection, de-selection, and exclusion criteria, the four interventions are targeted different groups. First, each intervention has a target age range, with the two interventions for adolescents (the Phoenix Project and Young Firefighters) targeting different levels of seriousness of firesetting behaviours.

Target dynamic risk factors. The four interventions all aim to reduce firesetting and/or re-offending. The interventions for older adolescents also aim to improve participants'

employability, contribution to the local community, and lifestyle choices. No standardised measures are in place to consistently evaluate change in these over the course of interventions.

Effective methods. The methods used in the interventions cover a range of learning styles, with an emphasis on interactive and physical work, particularly for the interventions aimed at adolescents. There is no clear empirical evidence, however, as to the effectiveness of these methods in reducing firesetting and arson.

Skills oriented. The emphasis of the intervention for young children is educational, although this may help reduce accidental fires. However, the three interventions for adolescents all include work on vocational skills and skills to live a non-criminal life.

Dosage. The intervention for young children consists of one visit; an area in which there is little empirical evidence about dosage for successful intervention. The three interventions for adolescents are of longer duration, depending on the target population and type of intervention. Whilst the longer length of these interventions reflects the more serious nature of behaviours as compared to the young children, it is not empirically established whether these interventions are of appropriate dosage to reduce re-offending.

Engagement and motivation of offenders. A range of learning styles are used across all four interventions, with the three interventions for adolescents including a lot of physical, interactive work. As such, the engagement and motivation of participants is good.

Continuity of services. Two of the interventions are run in conjunction with partnership organisations, enabling participants' overall needs to be monitored beyond the involvement of the Fire and Rescue Service. Participants in the young children's intervention are followed-up to monitor their progress.

Ongoing monitoring. No measures are in place to ensure programme integrity.

Ongoing evaluation. Although no rigorous evaluations have been conducted on the interventions with respect to change on targets and reduction of re-offending, participants are follow-up by the Fire and Rescue Service or partnership agencies. Individual interventions have also undergone qualitative evaluations by Crime Concern and the University of Newcastle.

Manuals. The young children's intervention and Young Firefighters are not manualised, the Phoenix Project sessions follow a guidance manual, while the Prince's Trust programme is fully manualised. Documentation is available regarding training required for staff working on interventions.

Greater Manchester Fire and Rescue Service/Salford YOT

Model of change. None of the three interventions are based on a theoretical model of change from the empirical literature. However, the FACE and FACE+ interventions draw on similar interventions run by Merseyside Fire and Rescue Service, and an

educational expert has been consulted with respect to presentation of material for different age groups. All three interventions take an educational approach to reducing firesetting and arson.

Selection of offenders. No specific criteria exist for selection of participants, although each intervention has a specific target group depending on age and seriousness of firesetting/arson behaviour. No criteria exist for de-selection or exclusion of participants.

Target dynamic risk factors. The interventions all aim to educate participants about fire and its dangers, with FACE+ and the Arson Programme placing more emphasis on changing participants' attitudes about firesetting and arson behaviours. Standardised assessments of changes in these targets do not exist.

Effective methods. The methods used in the interventions cover a range of learning styles, and is tied into Key Stage levels. However, there is no empirical evidence that these methods are effective in reducing firesetting and arson in children and adolescents.

Skills oriented. The interventions cover general fire safety education, and so may reduce the likelihood of accidental firesetting. FACE+ and the Arson Programme also incorporate work to change attitudes about firesetting, but do not include work to give participants skills and strategies to resist the urge to set fires and live crime-free lives.

Dosage. The FACE scheme for young children is a one-off session, in line with many interventions of this type. However, there is no sound evidence as to the effectiveness of this dosage on reducing firesetting behaviours. FACE+ ranges from 3–8 sessions depending on the participants' offence, and there is no evidence as to the effectiveness of this varying dosage. The Arson Programme comprises 13 × 2-hour sessions, which is closer to the CSAP guidelines. Once again, though, no empirical evidence exists as to the effectiveness of this dosage for reducing re-offending.

Engagement and motivation of offenders. The interventions utilise a range of learning styles in order to maintain the engagement of the participants. Drop-out rates are low suggesting engagement and motivation of participants are good.

Continuity of services. There are close links between the Fire and Rescue Service and Greater Manchester Youth Justice Trust, and the local YOTs. Therefore, adolescents referred through YOTs receive interventions as part of ongoing services.

Ongoing monitoring. No measures are in place to ensure programme integrity, although quality control is monitored by requesting feedback from participants, parents, and YOT staff.

Ongoing evaluation. There is no large-scale evaluation of the intervention with respect to re-offending, although it is possible to identify re-referrals. The Arson Programme and FACE+ scheme were evaluated qualitatively in 2003 by the Youth Justice Board, with descriptive figures provided as to re-offending follow-up for small numbers.

Manuals. The FACE scheme has guidelines for staff to follow on home visits, with more detailed guidelines existing for FACE+ . The Arson Programme sessions are documented along with supporting material required, the referral procedures to be followed, and evaluation forms.

Staffordshire Fire and Rescue Service/Staffordshire YOT

Model of change. The “*Fire Safe*” intervention is not based on a coherent model of change, although Andrew Muckley’s work is drawn upon. However, the “*Xtinguish*” intervention is based upon work by the Cognitive Centre Foundation in Wales, who conducted a literature review into interventions with young firesetters and arsonists, which formed the basis for the intervention’s Theory Manual. “*Fire Safe*” takes an educational approach with young children, whereas “*Xtinguish*” combines education with cognitive-behavioural work.

Selection of offenders. No specific selection criteria exist for the interventions, although a referral process is in place for the YOTs to refer young people to “*Xtinguish*”. There are also no explicit criteria for de-selection or exclusion of participants.

Target dynamic risk factors. “*Fire Safe*” does not have specific targets, beyond providing education about fire safety. The “*Xtinguish*” intervention targets both lack of knowledge about fire safety and the cognitive deficits that underlay offending behaviour; impulsivity, concrete thinking, lack of consequential thinking, and inability to learn from mistakes.

Effective methods. The methods used in “*Fire Safe*” are drawn from Andrew Muckley’s work and incorporate a range of learning styles. There is no clear empirical evidence, however, as to their effectiveness in reducing firesetting behaviours. “*Xtinguish*” uses methods based on the literature review into interventions with firesetters and arsonists that was carried out by the Cognitive Centre Foundation. As such, it draws on the limited evidence base in this area.

Skills oriented. “*Fire Safe*’s” educational emphasis concentrates on fire safety skills, which may improve children’s skills and thus reduce accidental firesetting. The “*Xtinguish*” intervention includes material aimed at providing participants with strategies and skills to avoid firesetting behaviours in the future.

Dosage. As an intervention for less serious firesetters, “*Fire Safe*” is a one-off visit, although the effectiveness of the level of dosage in reducing firesetting is not empirically established. “*Xtinguish*” consists of 10/11 sessions, although not all participants will attend all sessions, a decision that is made at the discretion of the Fire and Rescue Service and YOT staff. The lack of standard practice makes it difficult to draw conclusions as to whether participants receive appropriate dosage to impact on re-offending.

Engagement and motivation of offenders. A range of learning styles is used for both interventions in order to engage participants. Written work is kept to a minimum, and an emphasis placed on interactive exercises.

Continuity of services. “Fire Safe” is run by the Fire and Rescue Service, with referrals made to other services as required. The “Xtinguish” intervention is run in partnership with the local YOTs, with participants attending the intervention as part of their referral orders.

Ongoing monitoring. No measures are in place for either intervention to ensure programme integrity. A YOT worker is always present during “Xtinguish” sessions, however, and reports back to the Co-ordinator at the Fire and Rescue Service after each session.

Ongoing evaluation. No formal assessments are carried out on the “Fire Safe” intervention, nor is information available as to its effectiveness with respect to firesetting behaviours. Participants on the Extinguish programme undergo an initial risk assessment by the YOTs, and a database exists detailing all referrals and completions. Procedures are currently being established to examine re-offending rates on the “Xtinguish” intervention.

Manuals. A booklet is available describing “Fire Safe”; outlining its history, what is covered in the home visit, referral form, advertising literature, and some example cases. “Xtinguish” has a theory manual and programme manual which were written by the Cognitive Centre Foundation. A booklet published by the Fire and Rescue Service summarising this information is also available. The Fire and Rescue Service also provides booklets detailing its work with school pupils at different Key Stage levels.

West Yorkshire Fire and Rescue Service/Leeds YOT

Model of change. The interventions are not based on a theoretical model of change, with ideas drawn from the personal experience of Fire Officers and the experience of working with young offenders among staff from the local YOTs. An educational approach is taken to reduce firesetting and arson as a by-product of car crime, although there is some elementary cognitive-behavioural work in the attempt to change participants’ behaviour by challenging their attitudes.

Selection of offenders. No formal selection criteria exist, with decisions about participation made on a case-by-case basis through discussions between the referral agency and Fire and Rescue Service staff. No clear criteria exist for the exclusion or de-selection of participants.

Target dynamic risk factors. The interventions aim to educate participants about the dangers and consequences of fire, and fire safety. However, empirical evidence for the effectiveness of targeting these factors to reduce firesetting is not established.

Effective methods. The interventions use a range of methods to educate young people, and draws upon the practical experience of YOTs staff in their work with young offenders. However, it is not clear whether these are based on empirical evidence as to what is effective in reducing firesetting.

Skills oriented. As well as providing education about fire, fire safety information is provided along with a session about safe driving for the arson/crime intervention. As such, new skills are provided to participants, although there is no evidence base as to their effectiveness in reducing firesetting.

Dosage. Although the interventions consist of five sessions (arson/car crime) and six sessions (firesetting), not all participants receive all sessions. Therefore, there is no consistent dosage across all participants, with decisions made by the Fire and Rescue Service on a case-by-case basis rather than on the basis of empirical evidence.

Engagement and motivation of offenders. A range of learning styles are used to keep participants engaged in the interventions, with no homework to avoid alienating participants. It is not clear whether the learning styles used are based in the empirical evidence.

Continuity of services. Offenders who are referred to the Fire and Rescue Service from YOTs participate in the interventions as part of their ongoing work. Other participants are not typically followed up or referred onto other services.

Ongoing monitoring. There are no procedures in place to ensure programme integrity.

Ongoing evaluation. Very little formal monitoring of the interventions exists, although some figures on reconviction are made available to the Fire and Rescue Service from YOTs.

Manuals. The content of the sessions of each intervention are outlined. However, no other documentation exists for the interventions.